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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### A CONTRIBUTION TO THE STUDY OF THE OPERATION OF SHORT- ENING THE ROUND LIGA- MENTS—ALEXANDER'S OPERATION.\*

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There can be little doubt of the fact that the uterus is the most movable organ in the female body. It changes its position in the pelvis with each inspiration and expiration, rising and falling with rhythmic precision. Its axis in the pelvis is constantly influenced by the contents of the bladder and rectum, being displaced forwards or backwards by the fullness or emptiness of these organs. This latitude of motion has been wisely provided for by the character of its anatomical arrangements and supports. At once restrain the uterus from assuming its various normal relations to other pelvic organs and viscera, and the consequences become apparent. The extent of motion allowed the uterus is a varying quantity within certain limits. The exact position of the uterus in health is a point which cannot be established, since with every woman the relation of this organ to other organs is as variable as the shape of the nose or the expression of the features. The uterus is found turned or flexed at different angles in many individuals without giving rise to the least inconvenience, whilst in others the slightest deviation of the organ

from its normal axis in the pelvis is accompanied by distressing symptoms.

The uterus is supported in the pelvis by tissues which perform the function of bumpers rather than the support of strong ligaments, hence its support is to be measured rather by the tonicity of the tunics which invest it than by connecting fibres which restrain it like so many stays or braces. The body of the uterus is invested by the peritoneal membrane, which, though closely adherent to its anterior and posterior surfaces, is given off in folds on its lateral borders to form the so-called broad ligaments. As the peritoneum is reflected from the anterior and posterior surfaces of the uterus, it turns up over the bladder in front and rectum behind to form the so-called utero-vesical and utero-sacral ligaments. In addition to these so-called ligaments two rounded cords, made up of areolar tissue, vessels and nerves, besides a dense bundle of fibrous and muscular tissue, are given off from the sides of the uterus, near the fundus, and curving around between the folds of the broad ligaments, pass through the internal abdominal ring along the inguinal canal, and, as they emerge from the external abdominal ring, are lost in the tissues of the labia majora. These cords are known as the round ligaments. They present the appearance of a true ligament, and may be so regarded. These ligaments are between four and five inches in length, and as they run in a tortuous direction through the folds of the broad ligaments and curve round the sides of the bladder, they hold the fundus of the uterus nearer to the symphysis than their length would indicate. It is believed by some anatomists that the round ligaments have the peculiar function

\* Read before the Baltimore Academy of Medicine, February 1, 1887.

of drawing the uterus towards the pubis. They are also believed to aid in fixing the uterus in its proper axis in the pelvis. In addition to the supports mentioned, the uterus is held in its position in the pelvis by the walls of the vagina, which surround the cervix and embrace it as a keystone at the arch of the vaginal roof. The vagina in turn is maintained in its long diameter by the tonicity of its muscular and cellular coats, and by its attachments to the bladder in front and rectal wall behind. When all of these tissues are in a condition of tonicity, they conjointly support the uterus and pelvic organs. When greatly relaxed from any cause they allow the uterus to sag down in the pelvis and to draw down its natural supports. Thus prolapse of the uterus necessarily drags down its peritoneal investment and the round ligaments, depresses the vaginal arch at the cervix, and draws in the anterior and posterior vaginal wall, first at the internal end of the vaginal tube, and next along its entire extent. This process of descent may be reversed in those cases of rectocele or vesicocele where the uterine support is weakened at the external end of the vaginal tube. When the tissues which make up the pelvic roof retain their tonicity, even in the absence of vaginal support, the descent of the uterus is resisted and the organ can only be dragged down through the vulva by overcoming this resistance. When the uterus is strongly seized with vulsellum forceps and drawn down in the vagina, we have this condition. The broad ligaments are put on the stretch; the bladder is drawn down with the uterus, owing to the intimate connection between the two; the rectum is not disturbed, owing to the loose attachment of its subperitoneal connective tissue to the vagina. If the broad ligaments now be severed, complete prolapse of the uterus is secured. The round ligaments are the last tissues put on the stretch. From this history of uterine prolapsus here described, it would seem that the round ligaments play a very insignificant part in supporting the uterus, whilst the broad ligaments and utero-vesical and utero-sacral folds of the peritoneum materially add to the support of the organ.

When we come to study the causes of version and flexion of the uterus, we find the same deviations from the normal axis with variations within health according to the individual point.

Anteversion is regarded by anatomists as the normal position of the uterus. In childhood, and in the woman who has not borne children, the uterus is almost invariably

turned forwards. The reverse position, retroversion, is the most frequent form of displacement. Uterine flexions are almost invariably due to faulty nutrition of the uterine muscles, but they may result from overpressure from tumors, or from intestines forced down into the pelvis by tight lacing. Flexions may occur in the cervix or in the body. The first named variety is referable to undue length of development, the elongated cervix being bent upon itself by mechanical pressure. Flexions of the body of the uterus must be attributed to the weakened supports of the uterine walls, which yield under super-imposed weight, either connected with the uterus itself, or external to the organ. The broad ligaments undoubtedly exercise an influence in the prevention of versions and flexions, but where these supports are relaxed or overstretched by constant strain exercised upon them, their restraining influence is overcome. The utero-sacral and utero-vesical ligaments are simply folds of peritoneal tissue, which exercise but partial resistance against version and flexion. The function of these ligaments seems to be to aid in the suspension of the uterus in the pelvic canal. The round ligaments coming off from the fundus and passing forwards into the inguinal canal undoubtedly exercise a strong influence in preventing posterior displacement of the uterus. Their course around the bladder is somewhat tortuous; this may allow a certain amount of lengthening, estimated at from two to three inches, before they are made taut by the posterior displacement of the uterus. The round ligaments exercise but little if any influence in preventing prolapse of the uterus. Savage has shown that after all the other supports to the uterus are severed, they are the last made taut by procidentia. In view of the fact that the round ligaments have the power of drawing the fundus of the uterus forwards, the advantage of shortening their length in cases of posterior uterine displacement is now an established fact. As far back as 1840, Alquié, a French surgeon, proposed the operation of shortening the round ligaments, but he failed to demonstrate the value of this procedure upon the human female. It was not until 1881 that the operation was performed upon a woman. On December 14, of that year, Dr. Wm. Alexander, of Liverpool, operated successfully on a case of prolapsus uteri, by drawing out and shortening these ligaments. Whilst not the originator of the operation, to Dr. Alexander belongs, therefore, the credit of its first performance. The opera-

tion very properly now bears his name. Since Dr. Alexander first operated, he has been an earnest advocate of its advantages, and he has performed the operation more frequently than any other surgeon, with results of a very satisfactory character. The Alexander operation has now been performed over two hundred times in this country and in Europe, by a number of different surgeons, with varying degrees of success, and with corresponding difference of opinion as to its value. It is a procedure which is still under trial and criticism. It is incumbent upon those who have had an experience to record the same. It is by a study and comparison of the various steps of the procedure and a report of results that its advantages and disadvantages will become apparent. Having performed this operation in June last, I shall present a report of the case, and then discuss a few of the steps of the procedure.

Mrs. —, aged fifty years, a widow, had suffered for a number of years with uterine disease. For four or five years previous to the date of operation she was almost a confirmed invalid, her life being a burden to herself, and, as she imagined, to her friends. During this time she had been under the treatment of several well-known and skillful gynecologists, all of whom had recognized her true condition, but had afforded her only very temporary relief. Becoming discouraged, she wandered from one physician's office to another until local and general medication had been faithfully tried. She still remained the victim of morbid anxiety and severe suffering. Coming under my treatment in the early part of last year, I succeeded, as did my predecessors, in obtaining her consent to a vaginal examination. She was flooding profusely at the time, so that I administered ergot and desisted from an exploration until hemorrhage had ceased. I learned from her history that she was subject to intense menorrhagia, which invariably left her weak and prostrated from the loss of blood. In person, she was plump and well nourished, but her skin and conjunctivæ were extremely pale and anæmic. She was extremely nervous and dejected in spirits, and longed for death as the surest way of escape from mental and physical suffering. She manifested no hope of relief, but expressed a great willingness to undergo any plan of treatment that would give her some benefit. A few days subsequent to the time she first came under my care, I succeeded in making a physical exploration, and I found that her condition coincided

with the history related by her, which she had obtained from other physicians. Her uterus occupied a low position in the pelvis; the body of the organ was large, flabby, and relaxed; the fundus rested against the sacrum; below the promontory, on its posterior wall, were several fibroid tumors, interstitial, varying from the size of a walnut to a medium-sized apple. These growths were irregular in shape and outline, and presented a hard nodular feeling to the touch. The uterine cavity was tortuous, roomy, and admitted the sound to the depth of  $3\frac{1}{2}$  inches. The uterus was perfectly movable, and could be easily elevated into its normal axis, but the moment support was withdrawn it tumbled back into its acquired position. The pressure made against the rectum by the displaced organ was the chief source of discomfort. The patient suffered from a distressing flatulent dyspepsia and from constipation. The pressure of the uterus prevented an escape of flatus by the rectum, and also occasioned such suffering that defecation was performed with the utmost difficulty. Enemas or laxatives were invariably required to secure a passage from her bowels. So long as the uterus was maintained in its normal position these symptoms were relieved. It was quite evident that the mechanical pressure of the displaced organ was the prime cause of both physical and mental distress, and also contributed in a measure to the profuse loss of blood during menstruation. The congestion of the menstrual epoch occasioned most violent cramps, nausea, and other disturbances, so that the recumbent posture was required during all of this time.

It was my opinion that any mechanical contrivance which would hold the uterus in position would relieve the pain and distress consequent upon displacement.

I determined at once to use a properly fitting pessary, but was informed by my patient that she was unable to wear pessaries—that she had worn a number without relief. I insisted upon further trial, and during the next two months I employed every mechanical device which I could obtain, with total failure.

I then suggested the Alexander operation, and explained the advantages of the procedure in her case. She readily consented, and in fact urged me to undertake the operation; she was more anxious than I was to test its value. Whilst I believed in the *rationale* of the method proposed, I had some misgiving as to the value of the method in her case, though it seemed to me that if her uterus could be drawn forwards and fixed, the ten-

dency to displacement backwards would be removed. At this juncture I was greatly aided by the experience, skill, and anatomical knowledge of my friend, Dr. Randolph Winslow, of this city. Dr. Winslow had performed this operation twice upon the living subject, and had also demonstrated upon the cadaver the fact that the uterus could be easily elevated into position by the round ligaments, and there be retained by traction upon them.

The operation was performed on the 8th day of June, with the assistance of Drs. R. Winslow, John E. Jay, and W. J. Chappell. After etherization an incision was made over the external abdominal rings and the superficial tissues were cut through until the external end of the round ligament came into sight. These were dissected out and the ligaments were gently drawn through the canal until some three inches of their length were external to the canal. As traction was made on these ligaments the uterus was observed to rise in its normal axis in the pelvis. A sound was inserted into the uterus to aid in its replacement. Having demonstrated a correct position of the uterus, the ligaments were attached to the line of incision by buried cat-gut sutures. Cat-gut threads were also placed along the floor of the wounds to act as drainage-tubes. The wounds were then closed. After closure of the wounds the sound was withdrawn from the uterus and a suitable pessary was introduced to aid in the support of the uterus until union had been secured. Primary union took place, with the exception of a slight discharge of pus along the tract of the cat-gut drainage threads. Within ten days the parts were entirely well. The patient had no trouble referable to the operation. Her temperature at no time was elevated above 100° F. After three weeks she was allowed to get out of bed, and from that time onward her improvement was continuous. On October 11 last, I received the enclosed letter from her, which explains her condition at that time.\* I have seen her frequently since, and at this time of writing her health is so vastly improved that she is able to do any ordinary domestic duty. She has been relieved of the suffering incident to the mechanical pressure of the uterus on the rectum. She has had no show of blood

since November last. It is believed that the menopause has been reached, and that her general health will improve from this time forward, as the great drain from loss of blood has been stopped. Before this operation was performed my patient could not walk across her room with comfort; she was on the verge of complete invalidism. She is now able to walk where she pleases, run up and down stairs with ease and agility. She has informed me that she has recently walked fourteen squares on shopping expeditions with comfort. Her mental and physical condition are so markedly improved that she seems unlike the same individual.

I have had no opportunity and no occasion to make a vaginal examination to verify the position of the uterus. Her sense of comfort and ease of motion are sufficient to prove to my mind that the uterus is now in proper position.

The inquiry may be suggested, How long will it remain in its normal axis? My answer is, the remainder of her natural life. I see nothing in the present condition of the uterus to favor any other view. The organ has had its normal stays restored by shortening their redundant length. The menopause has been established, and the weight of the fibroid tumors will become less and less, now that this has been declared. As a matter of safe precaution and of increased comfort, a pessary will be worn for such a length of time as may seem judicious. It must be borne in mind that previous to the operation she was unable to wear a pessary with comfort.

*Remarks.*—The case here reported illustrates in a very satisfactory manner the advantages of the Alexander operation in certain forms of posterior uterine displacement. The uterus having been dragged from its normal axis by fibroid growths upon its posterior wall, had remained in this false position for some years. The nutrition of the organ had been impaired, its size increased, and a general relaxation of its muscular tone and ligamentous supports had been induced by these same growths. Whilst the organ could be readily restored to its position, it was found impossible to retain it *in situ* by any mechanical contrivance which had been employed. Pessaries gave intense distress, and could not be worn continuously for a longer period than one or two days at a time. They did but little good when employed. It was quite apparent that no form of mechanical support would be of service in this case, except a restoration of the normal ligamentous supports, which had become relaxed and

\* BALTIMORE, October 10, 1886.

DR. ASHEY, DEAR SIR:—I am happy to state that I have been very much benefited by the operation you performed on me last June. Previous to this I was a great sufferer, and could not sit up one hour with any degree of comfort. I can conscientiously say that I think the Alexander operation a great boon to those who suffer from displacement, and I would be more than willing to talk with any sufferer who is in doubt about it. Yours truly, Mrs. \_\_\_\_\_.



over-stretched by the continuous weight of the displaced organ. The results have demonstrated the correctness of these views. It is in just such a condition of posterior displacement as has been recorded in this case that we have the promise of satisfactory results from shortening of the round ligaments, and in which the advantages of this procedure are most conspicuous. I fail to see any striking advantage which will follow the shortening of the round ligaments in cases of procidentia uteri. The round ligaments can exercise but a feeble power in preventing the uterus from descending in the pelvic canal. It has been shown by careful demonstration that they are the last of the uterine supports to become taut in downward displacement. It is therefore doubtful whether shortening of these ligaments, in the absence of a restoration of the perineal support, would render any material or durable service. Nor do I believe the Alexander operation is destined to meet with success in cases of posterior displacement where adhesions have formed between the uterus and rectal tissues. In such cases more or less violence is required to sever the attachments before the uterus can be drawn into its axis by traction on the round ligaments. The advantage of the procedure under such circumstances seems of doubtful propriety. In those cases of posterior displacement where the uterus is easily replaced by sound or finger, where the muscular tone is simply impaired, and where pessaries are worn to no advantage, or with distress, the procedure under consideration is, in my judgment, not only admissible but positively indicated.

The Alexander operation has a limited field of usefulness, but when properly employed within the limits assigned to it, it is in my belief one of the most valuable procedures contributed to surgery within the last decade.

In this connection it is proper to discuss a few of the steps of the procedure. *First*, as regards the danger of the operation. As far as I have been able to collect statistics, the mortality has been less than two per cent. The operation is as nearly devoid of danger as any procedure can be, if it is properly performed. Among the cases reported, death was attributed to pyæmia in three cases, which resulted from want of care and cleanliness. Peritonitis is a source of danger, since it is possible to injure this membrane in drawing the ligaments through the canal. With ordinary care the peritoneum can be discovered and its injury avoided. *Second*, the difficulty of finding the ligaments has been

referred to by several operators. In the case here reported no trouble, in this respect, was experienced. With proper care and a knowledge of the anatomical arrangements, the ligaments can be brought into view by cautious dissection. In a report of forty cases made in November, 1885, by Dr. Alexander, this difficulty was not experienced. Imlach, of Liverpool, has reported thirty-six cases, without difficulty in finding the ligaments in a single case. As opposed to this experience, Mundé, of New York, was unable to find the ligaments in three cases out of six cases; he therefore claims that this is an element of uncertainty in the operation. The fact that the inability to find the ligaments has occurred in less than four per cent. of the cases reported is but a slight disparagement to the operation. Such a failure upon the part of the operator only necessitates the closure of the incision, and leaves the patient in the same condition she was in prior to the attempt.

I quite agree with Dr. Alexander in the statement that the operation is a delicate one, and quite different from ordinary procedures. The external end of the ligament lies imbedded in the tissues, and will be readily overlooked if not carefully dissected out. Its white sheen can be made to appear when gently drawn out of the ring. It then has the appearance and structure of a true ligament. The after-treatment of the operation should be conducted on strict surgical principles.

The following summary of conclusions is offered:

1. The round ligaments are designed to hold the uterus in its axis in the pelvis, and to draw the fundus of the organ towards the symphysis pubis. They have little if any sustaining power in preventing procidentia, except in extreme degrees of descent, where the organ has escaped external to the vulva.

Posterior displacement of the uterus can only take place when the round ligaments have been relaxed or stretched by prolonged tension.

2. Shortening the round ligaments is a practical method by which the uterus may be lifted into its normal axis, and be retained in position by a restoration of its normal supports,

3. This operation is admissible in all cases of posterior displacement where the uterus is not fixed by adhesions, but perfectly movable in the pelvis, and where other methods of support are not of service.

4. The operation can prove of little value in cases of procidentia, except when employed in conjunction with other methods in-

stituted to overcome this form of displacement.

5. The operation can be easily performed by one who is familiar with the anatomy of the parts. It is almost devoid of danger, if ordinary safeguards are employed.

6. In the class of cases to which it is limited, the benefits secured are striking and important.

### THE CARE OF PATIENTS OF DOUBTFUL MENTAL STATE, AND THE PRIVATE TREATMENT OF THE INSANE.\*

BY JOHN A. CLARK, ESQ.

The subject which I have selected for a short paper—"The Care of Patients of Doubtful Mental State, and the Private Treatment of the Insane"—is one deserving of more practical attention than it has yet received from the community.

There are a large number of nervous cases which appear to hover on the confines separating a morbid condition of mind from actual and pronounced insanity. In most of these cases it is a long time after the development of the early symptoms before the friends and family of the unfortunate patient can bring themselves to realize the gravity of the malady. What they require is some system of prevention which may arrest and ward off an impending derangement of the mental faculties. The patient requires rest and repose, the absence of all surroundings that can awaken or continue care and anxiety, and a judicious treatment both of the mind and of the physical health.

For persons in such a mental condition there should be sanitariums, or health resorts, where they would be subjected to such wise moral and physical discipline as would tend to promote their recovery. A separation from their family and friends frequently seems necessary to produce these results. Unfortunately, there seems to be but slight provision for such a class of cases.

Nothing can be more complex or unfathomable than the human mind. The moral treatment of the patient has more potency in promoting recovery than the administration of any drugs or medicines. The anxiety and solicitude of the family of the sufferer often appear to deprive them of the ability to deal with the exigencies of the case as well as comparative strangers might. Yet, when it fully appears that some import-

ant step should be taken, they feel the greatest repugnance to consigning the invalid to the walls of an insane asylum, especially when there is a reasonable doubt in their minds whether the person is really insane or not. It is for this very large class of cases that intermediate hospitals are required.

It is probably preferable that such hospitals should be maintained by and under the supervision of charitable corporations, under the wise management of competent and conscientious managers and trustees, although there can be no good reason why private individuals and specialists should not establish and maintain such retreats for those mentally affected.

Crowded asylums must certainly militate against the opportunities for recovery. The environments of the patient are bad. These massive structures, with their frowning walls and battlements, suggest to the unfortunate patient that he has been transferred from the freedom of his home to the desolate loneliness of the penitentiary. He is thrown in contact with the incurable and demented. Man is an imitative animal, whether his mind is clear and normal or diseased by hallucinations. There is certainly a contagion in being surrounded by persons indulging in every possible delusion. How much preferable, then, is the condition of the patient of doubtful mental state when sent for treatment to an institution which is exclusively devoted to the treatment of similar cases! Such a home now exists under the care of the Friends at Atlantic City, where pure air and cheerful surroundings have restored many persons suffering from nervous disorders to perfect health. Such institutions should be established either by the seaside or in the country, where the patients may have ample opportunity for exercise and recreation in the open air. They should only contain a limited number of patients, and should partake of the character rather of large families. There should be no gloom about such homes, no barriers or walls, no appearance of restraint—nothing, in fact, to impress gloom and melancholy upon the inmates, but all that is cheerful and bright, to allure them back, as it were, to mental health. There should be music and flowers, cheerful books, diverting amusements, together with a round of rational employments suited to the tastes of the different patients, which would tend to divert them from the melancholy suggestions of their own morbid thoughts. Above all, there should be intelligent management, and a recognition of the peculiarities and idiosyncrasies of each pa-

\* Read at a joint meeting of the Philadelphia Neurological Society and the Philadelphia Medical Jurisprudence Society, January 24, 1887.

tient. The attendants should be persons of experience, cultivation, and refinement. They certainly would require the possession of some Christian fortitude to endure the vexatious exactions and irritating caprices of those they have in charge.

It has been said by a recent writer that it is difficult to draw the line between actual insanity and some acute nervous disorders, and therefore many cases have been consigned to an asylum for treatment which are entirely out of place in its associations or under its care. Acute cases of insanity and hybrid types of nervous disorder can be treated and cured without the unpleasant remembrance of an asylum, and without the injurious results which sometimes follow the injudicious incarceration of sensitive patients.

It is this consideration which brings us to the conviction that there should be such intermediate hospitals as I have described. They would not interfere in any measure with the asylums now in existence. The care of incurable patients and the treatment of those who have not yet reached that stage should certainly be separated. How much more essential is it, then, that those of a doubtful mental state, where insanity is not well established, should receive treatment in intermediate hospitals.

The question now arises whether there is anything in the lunacy law of the State of Pennsylvania which prevents the existence of such intermediate hospitals; and if there is, whether it would be wise to make some new enactments covering such cases. The Act of Assembly of May 8, 1883, entitled "An Act Relative to the Supervision and Control of Hospitals or Houses in which the Insane are placed for Treatment or Detention," has worked a great revolution in the supervision of this class of persons in the State of Pennsylvania.

This law has been supplemented by the Rules and Regulations of the Committee on Lunacy, which have been ordained by the Board of Public Charities and received the consent of the Chief Justice of the Supreme Court and the Attorney-General, according to the provisions of the act. This act, with the rules before referred to, provides for the granting of licenses for asylums, the admission of patients, and the supervision of such institutions. The personal liberty of the citizen is protected from the possibility of the detention of a sane person, and the management of the asylum is under such supervision as to prevent the abuses which have heretofore crept into some institutions.

This law is a highly commendable one,

and the existence of the Committee on Lunacy is one that assures the public mind that institutions for the care and treatment of those deprived of reason are under proper supervision and control. Institutions or individuals complying with the requirements of this act are protected from all judgments against them for the detention of any person, unless the judge, after trial and verdict, shall "certify that there was proof to his satisfaction that the party charged acted with gross negligence or corruptly, or that he acted without reasonable or proper cause, or was actuated by motives other than the good of the person restrained."

No person shall be received as a patient for treatment or for detention, into any house or place where more than one insane person is detained, or into any house or place where one or more insane persons are detained for compensation, without a certificate signed by at least two physicians, agreeably to the provisions of the act and rules heretofore mentioned.

Certainly nothing in this act provides that persons suffering from nervous diseases may not be treated in the intermediate hospitals; but if doubtful cases are so treated, the very doubt implies that receiving such patients for treatment may be an infraction of this law. Persons may voluntarily place themselves in asylums, and may be detained for the time they shall specify by an agreement signed by them at the time of their admission, but not exceeding seven days, and they may from time to time renew the authority to detain them for a time not exceeding seven days from such renewal. No agreement shall be deemed to authorize the detention unless signed in the presence of some adult person attending as a friend of the person detained, in the presence of and also by the person in charge of the house, or the medical attendant.

Thus it seems that if there were an intermediate asylum unlicensed by the Committee on Lunacy, in which there happened to be two doubtful cases of persons who should prove to be insane, the maintaining of such a house would be in violation of the law. No person could be received for treatment in such a house unless they had the certificate of two physicians, as required by the act and rules.

A literal construction of the act would seem to imperil any managers or other persons who would establish an intermediate hospital for doubtful cases without the same rigid compliance with the law which is required of those keeping insane asylums. It



is certainly worthy of the consideration of the medical profession and the Committee on Lunacy whether it would not be proper and expedient to secure some additional legislation to provide for hospitals of an intermediate character. One patient can be treated at home, or a physician could receive one such patient in his own house, but not more. It is doubtful whether it would not be ascertained on careful examination that any hospital provided for persons suffering from nervous disorders has at least two patients who are probably insane.

This subject does not appear to have received the consideration of the legislature when the act of 1883 was passed, and it is certainly worthy of discussion at the present time, which should be conducted in a calm and dispassionate manner, with the hope of a solution which shall be beneficial to patients suffering from nervous disorders which are likely to affect, if unrelieved, the soundness of the mind.

## MEDICAL SOCIETIES.

### JOINT MEETING OF THE PHILADELPHIA NEUROLOGICAL SOCIETY AND PHILADELPHIA MEDICAL JURISPRUDENCE SOCIETY.

(Continued from page 272.)

"I may say in quasi reply to my distinguished friend on the opposite side of the room, that the person whom he followed to the gallows was convicted as properly under the laws as it is possible for a man to be convicted. The man may have been insane—such a thing is possible; but I believe that he was as properly convicted as a man can be under our very imperfect system of trial. We cannot look into the heart; we can only judge of the heart by the actions. Eighteen months ago there was something like an array in this room of the two professions against each other upon this point, which should not be. They should work together in all these subjects, and endeavor to pull in perfect harmony towards the desired end, and not be placed in antagonistic positions.

"A word as to what the treatment should be after a patient is received. In addressing the eminent gentlemen here to-night, and the chairman, who is himself an expert of the highest order of merit, I wish to make some suggestions which have occurred to me some time since. I believe that there is a

large class of the insane who have no homicidal or suicidal tendencies, who could be allowed a greater measure of liberty than they have at present under our imperfect system. I wholly agree with the suggestions of my friend, Mr. Clark. There are, undoubtedly, a large number of men who may be of sound mind so far as the ordinary affairs of life are concerned, and who yet may be hovering on the border-line, and for whom residence in a hospital for the insane may be the worst possible treatment. If they could be separated from contact with associations which may be irritatingly exciting, and yet not be consigned to a hospital for the insane, but to some intermediate place of treatment, I believe that it would be a great gain. It is said, and I believe on the very best authority, that in order that there may be a good chance of a cure, the disease must be taken in charge very early. The statistics with which we were favored to-night show that the cases treated within from three to six months of the access stand a vastly better chance of recovery than those taken after the first year. If the suggestions of Mr. Clark were carried out, I believe that they would do much good. I go so far as to say that I believe that, even in the case of the incurable insane, much of the restraint could be removed. The only dangers to be guarded against are danger of the individual to himself and danger to others. We should protect society, and we should protect the party against his own acts; but we are not required to go beyond this.

"These are the thoughts tossing through my mind after hearing the excellent papers that have been read. I am not a partisan or extremist on either side. So far as the law is concerned, I am willing to admit that it is a very rough instrument, and only approximates—and that very imperfectly—to the dispensation of justice in human affairs. Medicine is a science—at least it is an art based upon scientific requirements—and has a much higher field than the law. I believe that all these great improvements come quite as much from the medical profession, if not more so, than from any other quarter; and I am looking for further advance from the eminent men in that profession."

Dr. E. N. Brush: "The objection made by Dr. Wood that there seems to be no provision by which a person dangerous to himself and to society can be placed in an asylum, except by the action of the friends, would seem to be met by the requirements of the lunacy statutes of the State of New York, which provide that a justice of the court may, upon com-



plaint, issue a warrant and summarily commit a person who is complained of by any one as being dangerous to himself or to others, upon taking proof as to his insanity. If his friends are not able to support him, the charges are collected from the county, otherwise his friends or estate must bear the expense.

"In regard to the accountability of physicians, I think that they are not anxious to shift any of the accountability which devolves upon them for careless or injudicious opinion; still the fact remains that there is nothing to prevent a lunatic discharged unrecovered from bringing action for damages, which, although unsuccessful, may put the physician to much expense in defending himself.

"I am happy to be so well supported in my plea for early treatment as I have been by Mr. Clark's paper. His suggestion for intermediate hospitals is in the line of early and prompt treatment.

"I see no reason, however, why the suggestions of Mr. Clark might not be applied to many of the asylums of this State. I am satisfied that there is no superintendent or physician connected with any asylum, if the cases were brought early, who would not be willing to place the patients in such a position that their recovery would be hastened and not retarded by unpleasant surroundings.

"At the hospital with which I have the honor of being connected, the Pennsylvania Hospital for the Insane, we every year treat a number of these incipient cases, who come and remain voluntarily, and who do not seem in any way disturbed by their surroundings; and we know of no legal objection to their remaining for indefinite periods, as long as no detention is exercised. As far as a patient's residence in an intermediate hospital is concerned, there must be some legal right to detain him there, in case he will not yield to the judgment of his friends or the physician, otherwise we are left in the same position as at present."

Dr. S. Weir Mitchell: "Eight or nine years ago, after returning from England, where I had been through many of the hospitals for convalescents attached to the great English hospitals in which patients of a doubtful mental state were placed, I went to the authorities of the Pennsylvania Hospital for the Insane and proposed, for myself and a lady of this city, to make a reasonably liberal gift for four years if they would start an institution of this kind. It was promptly rejected as not practicable. The offer was then made to the managers of the Friends' Asylum, but after consideration it was re-

jected. I am happy to learn that under the guidance of my friend, Dr. John C. Hall, better counsels have prevailed, and the first institution of this kind has been established near this city. I believe that there is a similar institution in New York State."

Dr. H. C. Wood: "I should like to say a word with reference to the remarks of my friend, Mr. Biddle, referring back to the old Taylor case. It seems impossible to get the legal mind to understand the position which I myself and, I believe, most of the medical gentlemen connected with that case took. I never said that under the laws of the State of Pennsylvania the criminal was not properly executed. I do believe that the laws of the State of Pennsylvania need alteration. The difficulty is that the legal gentleman who administers the law makes the law as it exists a part of himself, and then becomes a partisan of the law as it now exists. The legal profession come to believe that the law is perfect, and the moment any one dares to differ in that respect, that moment the elements of more or less partisan feeling make their appearance."

Dr. William L. Robinson: "There is one class of patients to which reference has not been made, and that is the criminal insane. I should like to know what disposition should be made of these people at the end of their sentence. If they are liberated, they are soon arrested for repeated crimes and returned to prison. We have already received this year at the penitentiary six insane people liberated in November last. The expense of the repeated trials of these people is great. There should be some method of disposing of them which would avoid this expense, and at the same time protect the community. Our asylums for the insane have not detained them when sent there. Will some of the chiefs of asylums present tell us of the influence of the criminal on other insane patients?"

Dr. John C. Hall: "I feel that I can speak somewhat experimentally, as the Friends' Asylum has tried this intermediate system of treatment, as Mr. Clark has termed it. Our house at Atlantic City has given good results. There are many cases that can be better treated in a small house than in the wards of a large hospital. There are many persons whose relatives would send them to such a house, and yet would not place them in a hospital, merely because of the prejudices which exist in reference to these institutions. I should be glad if some modification in the lunacy laws could be made to cover this particular point. This is, I think, a subject of vital importance."

Dr. Francis X. Dercum: "I think that the point raised by Dr. Wood has not been sufficiently dwelt upon—that is, in regard to the protection of the community against the insane who are not confined by their friends. A year ago I had an experience illustrating this very point. I was called in the middle of the night to a house in my neighborhood, where I found a woman in a state of acute mania. She had torn off all her clothing, and was engaged in a desperate struggle with her father and two sisters. The latter soon became terror-stricken. I alone was unable to control her, and we were obliged to call in assistance from the street, and we had the unedifying spectacle of a strange man, a policeman, and a physician, in a struggle with a naked woman on the floor. The patient was finally quieted by the hypodermic use of sedatives. The next morning I called at the house with the object of arranging for her removal to an asylum. I was met with a prompt refusal. In my ignorance of the law I went to the police station and informed the sergeant of the facts of the case, and there the matter ended."

Dr. Charles K. Mills read a paper entitled

**Suggestions as to Lunacy and Inebriate Laws.**

**DISCUSSION.**

Dr. S. Weir Mitchell: "With reference to voluntary incarceration, I wish to say that I was one of the commission that framed the law of 1883. I made great efforts to have this period of one week changed. I desired that it should be made at the will of the person concerned, but limited to six months. I was, however, unable to bring a majority of the commission to this view."

Dr. S. Preston Jones: "I have made some inquiry in reference to this law in Connecticut, but I do not find that it has been resorted to to any extent. At the Retreat at Hartford they have received only one patient in ten years, under its provisions. There is only one inebriate asylum in the State, and that is a private one. The law was amended two years ago, so as to permit a judge of probate to put the inebriate under the care of any reputable physician in the State. There is a law in this State providing for the care of the property of a drunkard, but it is rarely resorted to."

George W. Biddle, Esq.: "I wish to express my concurrence with Dr. Mitchell in regard to the desirability of extending the period for which a man may voluntarily commit himself. This is reasonable to the last degree. I should have gone a little further,

and have said any time within one year, if the patient choose."

Dr. Charles K. Mills read a paper on "Confessions of the Insane," and related the case of a patient who confessed (about the same time that Wilson made his confession) to having murdered a man named Stahl, and to having thrown his mutilated body into Wissahickon Creek.

The next paper was entitled "Description of the Brain of John M. Wilson, Recently Hanged at Norristown, Pennsylvania," by Francis X. Dercum, M. D.

(To be continued.)

**PHILADELPHIA COUNTY MEDICAL SOCIETY.**

Stated meeting February 9, 1887.

The President, J. Solis-Cohen, M. D., in the chair.

Dr. George W. Vogler read the report of

**A Case of Suppurative Inflammation of the Liver in a Child Twelve Years of Age; Operation and Recovery.**

M. C. S., a bright, precocious school-girl of rather delicate and frail build, dark-complexioned and tall, presented the following history:

On October 7, she first complained of intermittent pain immediately over the right hypochondriac region, corresponding to the right lobe of the liver, and at the same time began to favor the part by slightly bending forward and to the right side when standing or walking. She was still attending school, and kept up active exercise. There were, apparently, no other symptoms present—at least she complained of none. This state of things continued for about one week, the little patient continuing her school duties, although with much suffering and inconvenience. She now refrained from going down to recess with the other children. The pain became more severe, especially at night, producing great restlessness, and interfering with sleep. The stooped condition of the body was now permanent; walking was discontinued owing to pain; and some fever (at night particularly) also manifested itself, with marked impairment of appetite, coated tongue, thirst, cloudy urine, and constipation.

Both the mother and child, after several careful examinations of the part, found nothing to account for the trouble. In the meanwhile, a physician in attendance upon another member of the family was asked to look at the child. He examined her several times, but found nothing of note, and pro-

nounced the case as probably a strain, or one of cold, for which he ordered a plaster, and some citrate of magnesia for febrile disturbance. The child continued to grow worse daily, and the same physician ordered a fly-blisters to the affected part. It may be mentioned just here that the pain never shifted, but was always confined immediately over the area corresponding to the right lobe of the liver. Flaxseed and onion poultices were ordered to be applied by the medical gentleman upon noticing later a slight swelling over the seat of pain. Upon November 12, five weeks after the commencement of her illness, I assumed charge of the case. I found her bedfast, greatly reduced in flesh, with an anxious expression and suffering intensely. Her favorite position was a sort of sitting posture, with the body bent forward and to the right, and with the lower limbs flexed strongly upon the abdomen. The symptoms already described were very marked; also irregular attacks of chilliness or rigors; temperature was elevated every night; there was no cough, jaundice, or vomiting; there was, however, sallowness of the skin, and quite dark, turbid, and scanty urine.

Examination revealed a dark bluish swelling some three inches in diameter in the right hypochondriac region, bordered by the sixth rib above; the tenth below; the linea mammalis (a line extending perpendicularly downward from the right nipple), upon the inside; and the linea axillaris on the outside. The swelling was about three-quarters to one inch in height, and presented all the appearances to sight and touch of a carbuncular development. It was hard, firm, and quite painful to the touch. There was no fluctuation. My first object was to ease the child of her enforced or assumed cramped and painful position in bed by encouraging her to occupy a rocker, or, if possible, to step about the room a little. She was put upon concentrated nourishment, stimulants, and medicinally, on *syr. ferri iodidi*, and bromides and chloral for the pain. The latter remedies had to be early replaced by opiates and quinine, owing to their inefficiency to combat suffering. Temporarily, I ordered an ointment applied every eight hours, composed of camphor, opium, ext. belladonnæ, comp. resin ointment, and cosmoline.

This plan of treatment was continued for five or six days, with the effect of markedly softening the swelling and causing it gradually to diminish in size, and the development of a central point of concentration just

over the eighth intercostal space. I thought I detected fluctuation on palpation, but obtained nothing but blood on aspiration with the exploring needle.

At any rate the child seemed easier and more comfortable. Anodyne flaxseed poultices were now started, and on the 21st instant I prepared to operate, all the conditions seemingly pointing to the detention of deep-seated pus. Contrary to the usual custom, I determined to treat the case by free incision, the thorough evacuation of the pus (if any), and the prevention of reaccumulation by complete drainage by means of rubber tubing.

The little patient was thoroughly etherized, and, after selecting a favorite point by the aid of the exploring needle, a free opening was made, one inch or more in length, down through the eighth intercostal space, about one and a half inches to the right of the linea mammalis. Immediately a large quantity of pus flowed from the wound. The amount of pus I judged to have been at least eight fluid ounces.

At first the pus was "laudable," free from odor, but streaked or marked with biliary coloring matter; toward the end it assumed the very dark condition usually spoken of as "chocolate-colored pus," due to the presence of blood or disintegrated hepatic tissue. Gradual pressure over the hepatic area aided in its rapid and free evacuation; the bulging over the intercostal spaces disappeared, and for the first time the outlines of the ribs were readily recognized. A probe was now passed through the wound under the ninth rib, and it entered in an obliquely downward direction, to the extent of four inches, toward the linea alba, and three inches obliquely upward toward the sternum, in depth perpendicularly about two and a half inches.

A perforated rubber drainage tube doubled upon itself was introduced into the depth of the cavity, enabling free drainage; and the daily injection of carbolized oil (two to sixteen fluid ounces) through one end, and its escape through the other. Warm cataplasms were continued night and day. After some five days the tube was replaced by one of a smaller calibre, and entirely done away with the ninth day after the operation. A small piece of lint dipped in carbolized oil was used a few days longer, simply to keep the cut from closing and insure thorough healing from within outward. Finally, carbolized zinc ointment completely healed the wound by December 8th. Her improvement and rapid convalescence after the operation were wonderful. Internally she has



been taking cod-liver oil emulsion with hyphosphites and syrup ferri iodidi.

December 12th, she was walking and playing about her room. Of course, the marked constitutional depression due to her serious ailment will, to a considerable extent, continue for some time to come, but there is at present no doubt of her entire recovery of good health.

Later, January 15, 1887, the child is well and fully recovered.

*Remarks.*—Let us notice briefly some of the very interesting features presented by this case. The first thought worth noting is the tender *age* of the patient, viz., twelve years. The statistics show this serious ailment to be unusually rare in children, being seldom seen under the age of twenty.

In seeking for the *cause* of the disease in this case, I am led to adopt one of a traumatic nature. Frerichs, Budd, Andral, Romis, Morehead, and others, in their collection of cases, show but a very small percentage due to external violence. Thus, Budd reports only 2 out of his 62 cases collected; Morehead, but 4 out of his extensive observations—318 in all. After the closest questioning, my little patient revealed no previous malarial, dysenteric, metastatic history, or any other inflammatory and ulcerative process in the gastro-intestinal canal, which are generally looked upon as the chief disturbing influences or causes of suppurative inflammation of the liver. Careful inquiry elicited the following history and probable cause:

About four days previous to the commencement of her symptoms, she assisted her aunt in carrying flower plants from the yard up to the fourth floor of the house. One of these plants was, owing to its weight, entirely beyond her strength; yet, after four efforts, she succeeded in landing it on the fourth floor. She described very vividly the pain caused by the pressure, and the weight sustained over the right hypochondriac region in her struggles to complete her task. As before said, the child is of a very spare build and delicate physically, and it is quite probable that this external violence originated her painful affection.

A few words as to the diagnosis, prognosis, and treatment. I found much difficulty for a time in arriving at a satisfactory conclusion as to the *diagnosis* of the disease, and was inclined for some days to believe the case one of an unusual carbuncular development, dependent upon a very badly run-down system, and having its starting-point in the mechanical violence or external con-

tusion referred to above. Even the exploring needle failed me in establishing a positive conclusion. It was only quite definitely arrived at by doing as Frerichs so aptly puts it: "In most cases a correct diagnosis will only be arrived at by not relying upon individual symptoms, by taking a general view of the mode of origin and entire clinical history of the case, and, after excluding by comparison the diseases of the liver and of the neighboring parts, which may give rise to symptoms similar to those of hepatitis."

It is well understood that the prognosis is generally unfavorable in suppurative hepatitis. Frerichs says: "Suppurative hepatitis belongs to the class of severe maladies which imperil life, and which terminate in death far more frequently than in recovery." And this naturally leads to the consideration of the treatment. I candidly believe from the presence of the grave symptoms, that my patient would have died in a short time but for the prompt and energetic operation undertaken as soon as a reasonable conclusion could be arrived at concerning the diagnosis. Even when there is considerable doubt existing, and the condition of the patient is serious, careful exploratory incision could be made to determine the true nature of affairs. No danger can result from this when proper precautions are used. At any rate, the aspirator should be early used as a means of establishing diagnosis. Drs. Sims, Hammond, Jinney, of Mexico, and many others, have frequently punctured the liver without any bad results.\* It has been demonstrated time and time again that the entrance of air into such a cavity through an incision is not necessarily attended by decomposing action and death, but, on the contrary, a complete evacuation is obtained, reaccumulation prevented, and the threatened death by exhaustion or blood-poisoning averted. Upon the other hand, imperfect removal of the pus by one or more aspirations or punctures, permitting more or less to remain behind, will, in addition to that constantly forming, undoubtedly keep up the constitutional disturbances, and, finally, produce a fatal issue by rupture or blood-poisoning, if the very rare act of absorption does not take place.

The case treated of in this paper happily illustrates the good results of free incision, perfect drainage per tube, and the rapid healing and antiseptic properties of carbolized oil. The method of gradually opening the abscess as recommended by Récamier, Begin,

\* Since completing these remarks, I notice in the January 1st number of the Medical News, a report of a "Case of sudden death from the introduction of an aspirator needle," by Dr. Reeve, of Dayton, Ohio.



and others, by the separation of a slough through many applications of caustic potash or soda, is very slow in operation, painful, productive of loss of tissue, and if an opening into the pus cavity is finally established air must also surely enter. Again, many abscesses of the liver open spontaneously, and though air freely enters the cavity, the patients usually go on to rapid recovery. In fact, this latter mode of termination of the disease (spontaneous opening) is very much welcomed by the physician, and has eminent advocates. I should not think, after the excellent result obtained, of treating similar cases by any other plan than the one suggested. Lives are undoubtedly lost by the partial or imperfect method of the removal of foreign material by repeated aspirations or punctures, thereby necessarily keeping up the source of trouble which eventually must end in death. The early and prompt operation happily terminated my case in recovery in about fifty days, while Rouis, in his valuable and extensive statistics, shows the average duration of the disease in cases not operated upon, and which recovered by bursting either through the thoracic or abdominal walls, through the bronchi, colon, or stomach, to have been 140 days.

#### DISCUSSION.

Dr. C. N. Seltzer said: "I have seen three cases of abscess of the liver, and in these cases the symptomatology was somewhat different from that of the case described. I should think that an abscess of the liver holding eight ounces would produce more constitutional disturbance than was present in this case.

"The destruction of liver structure is usually greater, and the case, as a rule, requires a longer time for recovery. The three cases which I have seen all resulted fatally, and at the post-mortem the liver tissue was found to be very ragged, and hanging in shreds in the abscess cavity. In these cases the diagnosis was readily reached by a microscopical examination of the pus. The liver cells could be easily detected. That I think should have been the mode of determining whether the case were really one of hepatic abscess or not."

Dr. Joseph S. Neff said: "It is well known that pus from a hepatic abscess rarely contains liver debris, because most abscesses in this situation are surrounded by dense walls of pyogenic membrane. The cases to which Dr. Seltzer has referred, in which the liver substance projects in shreds into the abscess cavity, are cases of diffused abscess, which are very rare.

"In the circumscribed abscesses of the liver which I have seen, the tendency to point has been in a different direction from that in the case reported. I have seen only one case in which the abscess was opened through the abdominal walls. That was the case of a man in the Jefferson College Hospital. The abscess was tapped a number of times, but as the man was evidently sinking, it was decided to open it through the abdominal wall. One of the dangers of this operation is that pus may escape into the abdominal cavity. In performing this operation, some operators at the first sitting cut down to the peritoneum. In the course of twenty-four hours there will have been some local peritonitis with the formation of adhesions, and then the operation is completed. Dr. J. M. Barton operated in my case, and after cutting through the abdominal wall with a scalpel, a white-hot knife was used in order to avoid hemorrhage from the liver structure. After the liver had been penetrated to a short distance, the knife failed to act satisfactorily, and the operation was completed with a soft gum catheter.

"In the case reported, the cause of the affection and the youth of the patient are also points of considerable interest."

Dr. Seltzer said: "My remarks were based on the statement that this was an acute diffused hepatic abscess, and not one surrounded by pathogenic membrane."

Dr. Vogler said: "I have no doubt whatever as to the diagnosis of this case. The situation of the abscess, the fact that the pus was mixed with biliary matters, the fact that the finger could be introduced through the cut two inches under the ribs, and the very grave constitutional symptoms, were sufficient to indicate the seat of the disease. I unfortunately neglected to make microscopical examination of the pus. As Dr. Neff has said, it is not necessary that disintegrated hepatic structure shall be found, for many of these abscesses are localized. I thought that in all probability adhesion had formed between the abdominal wall and the liver, and in operating I experienced no trouble."

Dr. Joseph S. Neff read the report of

#### A Case of Perforating Ulcer of the Stomach, with Chronic Peritonitis.

Alfred Reed, colored, stevedore by occupation, forty-five years old, was admitted to the medical ward of the Philadelphia Hospital, December 12, 1886. The family history was indefinite; he had had the ordinary diseases of childhood; pleurisy when about nineteen; enteric fever a few years later; says he had relapsing fever about twenty

years ago, since which time he has often had pains and stiffness in the joints, but not severe enough to prevent him working. During the last year he has had occasional attacks of indigestion, rarely accompanied by nausea and vomiting. Last spring he vomited blood; had sensations of burning heat in the stomach, and other evidences of indigestion, with extreme acidity of the stomach; there was very little pain until the latter part of July or the first of August, at which time it was confined to the abdomen (?), and was constant, but more marked after eating. From this time he vomited after almost every meal, and it was not long before he could retain only liquid food. At first the vomited matter was simply the undigested food, later small quantities of a slimy, watery fluid as well. From that time up to admission he vomited blood, dark in color, small in quantity, but once or twice.

Does not remember any sudden onset of pain, or any symptom pointing to perforation of the stomach, or acute peritonitis. His weight last winter was one hundred and ninety pounds, but at date of admission he was much emaciated, complaining of severe and constant pain over the upper portion of the abdomen, especially in left hypochondriac region, not being able to bear the slightest pressure. There was a small prominence, slightly firmer than the rest of the abdominal wall, situated below the margin of the ribs, one inch to the left of the median line, ovoid in shape, the horizontal diameter being three inches, the vertical diameter two inches in length. Over this area the percussion note was somewhat dulled—i. e., on light superficial percussion; the motion of the diaphragm was not imparted to the mass. He referred to this point as the source of pain which radiated over the entire abdomen and through the back.

Physical examination showed the heart to be of normal size, first sound absent, second accentuated, more marked over aortic valve; no murmurs were heard; the temporal and radial arteries were firm and hard, not compressible, with no perceptible pulse in the wrists. A systolic bruit was heard posteriorly over the thoracic aorta.

The lungs were normal, but many mucous râles were audible in the bronchial tubes.

No increase in the liver or splenic dulness could be made out, as he could not bear any pressure below the diaphragm.

His general condition improved somewhat for a short time after admission; the pain, however, remained constant, and vomiting was of frequent occurrence.

He died of exhaustion on January 1, 1887. During the time he was under observation no change of note occurred. The temperature ranged from normal to 99.5°. He vomited blood once only, on December 15th, small in quantity, and dark in color. Paroxysmal spasm of the diaphragm commenced December 16th, and lasted with intermissions until death. A loud systolic murmur was detected on the 19th, with area of intensity over the apex. The urine remained normal throughout, and much reduced in quantity; specific gravity 1.032; reaction markedly acid, and of high color. No albumen or sugar.

The diagnosis was made of cancer of the pyloric end of the stomach with secondary peritonitis, induration with inflammatory infiltration, and adhesions between the diaphragm and the stomach.

*Autopsy.*—*External Appearances.*—Body much emaciated. Abdomen scaphoid.

*Thorax.*—Lungs were normal, except hyperæmia, and were firmly adherent to the diaphragm. No other pleural adhesions.

*Heart.*—Pericardial sac obliterated by adhesions. Left ventricle large, firmly contracted. Right ventricle small, and partly filled with a firm clot. Valves normal. Aorta shows marked chronic endarteritis throughout its whole thoracic portion, and extending to abdominal aorta. Left ventricle was small, wall thickened, red and firm.

*Abdomen.*—Peritoneal cavity contained a quantity of purulent (?) matter. Peritoneum inflamed, the coils of intestine extensively adherent to each other, and to the liver, spleen, stomach, and diaphragm. There was a sac formed at the hilus of the liver by adhesion of the duodenum with the gall-bladder and under-surface of the liver. This cavity contained purulent (?) fluid with thickened walls. The gall-bladder was flattened from pressure, and contained a small amount of thickened bile. The mesocolon showed inflammatory thickening. The upper surface of the liver was extensively adherent over the right lobe to the diaphragm. The left lobe was intimately connected with the stomach. There was a cavity formed by the anterior surface of the left lobe of the liver, the anterior surface of the pyloric end of the stomach with the diaphragm forming its roof. The right wall of the cavity was formed by the suspensory ligament of the liver, the anterior wall by adhesion of the liver and stomach, the left wall by adhesions between the diaphragm and the anterior wall of the stomach. The cavity was filled with

a grumous material, its walls being indurated and inflamed. In the floor of the sac there was an opening a half inch in diameter through the anterior wall of the lesser curvature, about half way between the cardiac orifice and the pylorus, and a half inch to the left of the left edge of the left lobe of the liver. There was also another sac formed by adhesions between the diaphragm, spleen, and cardiac end of the stomach. This appeared to be a blind cavity, having no communication with the one just described, or the stomach; it contained a similarly looking thick grumous fluid.

**Stomach.**—Walls were greatly thickened, more marked at the lesser curvature. In the neighborhood of the perforation noted the wall was thinner, the orifice presenting a rounded edge. When opened, the mucous surface throughout appeared greatly ridged and mammilated, general thickening being most marked at the pylorus. There was no indication of neoplasm.

**Spleen.**—Adherent throughout its whole surface, very small, firm, with dark red fibrous pulp.

**Liver.**—Right lobe large, the left being small. Flabby cut surface shows a slightly congested parenchyma.

**Pancreas.**—Normal.

**Kidneys** were firm, cyanosed, normal in size; capsule slightly adherent; some small cortical cysts; thinning of cortex, and interstitial thickening.

The point of interest clinically is in connection with the diagnosis from malignant disease.

The constant character of the pain, the persistency of the vomiting without remissions, the small amount and character of the hemorrhage, the gradual loss of flesh, with apparent cachexia, and the presence of a painful, non-fluctuating tumor, would warrant a diagnosis of cancer. I should mention, too, the presence of constipation as being of some value.

The circumscribed cavities noted were the result, evidently, of inflammation from the passage of the contents of the stomach into the peritoneal cavity, the secondary adhesions binding the organs together in such a form as completely to shut off the small cavity in the left side from any outlet, while the larger in the right side still had direct connection with the interior of the stomach. The cause of the immobility of the tumor upon deep inspiration was undoubtedly due to the fact of the diaphragm itself being thoroughly adherent to the chest-wall over a considerable extent of its surface, and there-

fore having very little play during the respiratory movements.

#### DISCUSSION.

Dr. Henry F. Formad said: "The case of Dr. Neff's is of great interest from the fact that the patient's life was considerably prolonged by the formation of a sac which retarded the development of peritonitis after the rupture of the ulcer. The case is also interesting from the fact that it occurred in a male. In some twenty-two cases of gastric ulcer in which I have made the post-mortem, in about seventeen the subjects were females. This agrees with the experience of others. Gastric ulcer is not a rare condition, but many cases are overlooked because physicians are in the habit of opening the stomach through the smaller curvature, and it is here that the ulcer is most frequently situated. In the majority of cases that I have seen, the death was sudden, being due to perforation. In some the death was apparently due to shock, the whole of the contents of the stomach having in many instances escaped into the peritoneal cavity. Death occurred before there was time for the establishment of inflammation. In some cases there was free hemorrhage, and in one case there was a complete blood-cast of the stomach.

"Some of the cases that I have seen have been in drunkards, some have been in hysterical women, and some in the insane. Three of my cases came from the Insane Department of the Philadelphia Hospital. Dr. Dercum informs me that he has met with several cases of gastric ulcer among the inmates of the Norristown Insane Asylum.

#### A Dog That Goes on a Toot.

There is a very funny dog in Chicago. He belongs to a saloon-keeper, and his most remarkable trait is his inordinate passion for strong drink. He loves his toddy, and he appears regularly at 7 o'clock each morning to have two fingers of forty-rod poured down his throat through a funnel. This dog often gets drunk, and the effect of the liquor on him is nearly like its effect on man. He dances around at first and gives forth incoherent and unaccountable yelps, but after a few more drinks his eyes lose their fire. He whines in a maudlin manner. His steps become unsteady. He is drunk. He goes to sleep behind the stove, and awakens with a throbbing brain to take an application of cracked ice, and to cool his fevered tongue with a cocktail, for all the world like a disreputable rounder.



## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Paroxysmal Tachycardia.

In a clinical lecture recently given at the General Hospital of Vienna, Professor Nothnagel directed the attention of the audience to a very rare and interesting case of "paroxysmal tachycardia, combined with failure in the heart." On the forenoon of October 6th, the patient, aged 36, was admitted into the hospital, the number of pulse-beats being at that time 120 in the minute. In the afternoon it was 144; on the next morning 90; during the following day 84 and 82; on October 9, morning, 82; in the afternoon, 138; on the morning of October 10, 178; at eleven o'clock the same day 170, and soon afterwards 182; on the morning of October 11, 84, at half-past ten o'clock 176, at four o'clock 132, at five o'clock, 144; the next morning at eight o'clock it was 176, at nine o'clock 144, at ten o'clock 146, at eleven o'clock 134, at mid-day 144, at four o'clock 168, in the evening 164; on October 13 it was 92 in the morning, at nine o'clock 88, and soon afterwards from 170 to 180. This acceleration of the pulsations lasted from half-past one till half-past three; at five o'clock the patient's pulse was 96. On October 14 it was 72; on the 15th 76, and so on, the number of pulsations being again normal. The temperature was normal throughout. The patient was seized with these paroxysmal attacks without any apparent cause, and they were very variable in duration. On one occasion the paroxysm lasted for two hours, another time about two days: the longest duration was from three to four days; the average duration was from one to one and a half days. The attacks occurred without any artificial stimulant whatever, such as coffee or tea, nor were they caused by any psychical irritation; they showed no gradual transition, but came on and ceased quite abruptly. The patient happened once to be seized with a paroxysm of 176 beats immediately after laying down a book, the contents of which had not interested him in the least. The attack was accompanied with a feeling of anxiety, but Professor Nothnagel emphasized the fact that this anxiety was not such as was met with in angina pectoris. All the other characteristic symptoms of that affection were absent in the case in question. The attack

disappeared quite suddenly, and the patient stated that he had then the feeling "as if something would fall away." The patient further stated that he "sometimes succeeded in suppressing the attack by a deep and prolonged inspiration, especially if he at the same time drank a glass of cold water." Professor Nothnagel told the patient to do this during an attack, and after the patient had swallowed half a glass, Professor Nothnagel was able to state that the number of the pulse-beats had decreased quite suddenly; he felt three slow and large beats, and soon afterwards the number of the beats was again about 180. Professor Nothnagel also made other experiments; he told the patient to swallow a spoonful of common salt; he compressed the crural nerve very strongly, and wound a thread around the upper extremity, but these manipulations produced no effect. The patient himself stated that the draught of cold water had not much to do with the cessation of the attack, but that it was chiefly due to the deep inspiration. Professor Nothnagel remarked that some cases of paroxysmal tachycardia were to be found recorded, but that paroxysmal tachycardia in cases of organic heart disease was very rare, and that he did not remember any similar case in medical literature. As to the explanation of this phenomenon, the lecturer said that of course there was no doubt that one had to do in such a case with a disturbance of innervation, but that the question as to what nerve-tracts were affected was very difficult to answer. As to the existence of an accelerator-nerve of the heart in the human species, this was still a matter of dispute. Only two nerve-systems could be taken into consideration in the case in question—the pneumogastric and the musculo-motor apparatus in the heart. It was conceivable that there might be some irritation of the cardiac musculo-motor apparatus in the substance of the heart itself; or again, there might be sudden paresis of the vagus. It was very difficult to decide which explanation was correct in this case, but according to the impression the lecturer had received from the observation of one of the attacks, he was rather inclined to the latter view. One might suggest that, in the same way that intermittent paralysis occurred in other motor nerves, such intermittent functional paralysis might also occur in the vagus. Professor Nothnagel thought it very probable

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that this hypothesis was correct. As to the fact that the patient could stop the attack by taking a deep breath, Professor Nothnagel pointed out that this feature of the case was very remarkable, inasmuch as the pulse was usually quickened by deep inspiration. He offered the following explanation of the anomaly. When a deep inspiration is made, the ends of the *vagus* in the parenchyma of the lungs are pulled and twisted. This produces an irritation of the sensitive ends of the *vagus* in the lungs, and, at the same time, a reflex retarding action on the *vagus* of the heart. The fact that artificial irritations, like swallowing common salt, compression of the upper extremity, faradization of the epigastrium, and so on, did not produce any effect, could not be looked upon as negating this theory, as they might not have been sufficiently strong to act suddenly on the *vagus*. On the other hand, it was known that there were connections between the different fibres of the *vagus*. There were persons who complained of dyspnoea without suffering from any affection of the lungs or the heart. It was not rare that such individuals suffered from dyspeptic symptoms, and the lecturer had observed in a series of such cases that the dyspnoea disappeared when the digestion was rectified. Hence there existed connections between the *vagus* of the stomach and that of the lungs, and it was therefore very possible that retarding impulses were transmitted from the pulmonary to the cardiac *vagus*.

#### Hydatid Cyst of the Liver.

At a recent meeting of the Société Médicale des Hôpitaux, M. Guyot related the case of a military officer, aged twenty-four, who had a hydatid cyst of the liver. In September, 1885, the patient complained of excessive fatigue, and of severe pain in the lower part of the chest on the right side. He had complete loss of appetite, pain after taking food, profuse perspiration, with fever at intervals. Percussion revealed dullness in front of the nipple, extending to the edge of the false ribs. On auscultation, pleural friction was heard. There was no cough, nor expectoration; the tongue was very foul. M. Guyot diagnosed pleurisy, without effusion and gastro-intestinal disturbance. The symptoms persisted, and the pain (which was very severe in the fore part of the chest) extended to the right shoulder. M. Guyot believed that the case was one of hepatic congestion, and rejected the possibility of tuberculosis. M. Potain examined the patient,

and diagnosed pulmonary tuberculosis. He recommended the baths and waters of Amélie les Bains. M. Garnier, of that place, entirely coincided with M. Potain's diagnosis, although he thought there was coexisting congestion of the liver. After the patient had been on milk diet for three months, he appeared completely cured. He resumed his profession, but soon fell ill again. There was evidently hepatic congestion, and submucous râles could be heard in the chest. On returning to Paris, in May, 1886, M. Guyot found the same symptoms as in the previous year. The patient was examined by M. Hanot, who diagnosed diaphragmatic pleurisy, unaccompanied by any liver complaint; he advised a blister, and a course of treatment at Mont Dore. The patient's condition, however, became more and more alarming, and hypodermic injections of morphine were required to relieve the severe pain. Diarrhoea and nervous excitement came on, and the visit to Mont Dore was given up. On fresh examination, M. Millard suspected suppurating cyst of the liver, and advised puncture. In July, the patient was seized with attacks of vomiting, fetid diarrhoea, and aversion to food. M. Guyot made two punctures, which gave issue to pus. Two days later, M. Duplay punctured with a large trocar, and drew off 800 grammes of pus mixed with blood. A few days afterwards two thick membranes, accompanied with blood, were passed in the stools of the patient, which M. Guyot considered to be the remains of the cyst. Microscopic examination revealed the presence of hooklets in the membranes. The condition of the patient became more and more alarming, and notwithstanding two transfusions of blood, injections of ether, and a large blister on the epigastric region to arrest the vomiting, which was incessant, the patient died in a few days. M. Guyot thought that if hydatid cyst of the liver had been diagnosed in May, laparotomy might then have saved the patient's life, though, as the cyst reached as far as the convex surface of the liver, the fatal issue was, perhaps, inevitable.

At the same meeting M. Ollivier referred to the case of an officer from Tonquin affected with hæmoptysis, night-sweating, and diarrhoea. On examination, there were no signs of pulmonary disease, but the liver was enlarged to a third more than its natural size. On examining the sputa, M. Ollivier detected the presence of hooklets. It was clear that there was hydatid cyst of the liver opening into the lung. The patient would not allow the cyst to be punctured, and died.

### Gelle on the Sensibility of the Tympanum on Receiving the Direction of Sound.

When a sound strikes the ear, it is referred to that part of the horizon towards which the organ is directed at the moment of the most intense sensation. The knowledge of the fact that the sound-producing body is outside us, and the notion of the direction in which it lies, are thus acquired at one and the same time. How is the result obtained? The knowledge as to the side from which the sound comes is furnished by the fact of our hearing it on the right or on the left, and also by the consciousness of the muscular effort required to perceive it. It is necessary, however, that this effort should itself be guided; and this is brought about by the sensibility to sound of the skin of the concha, the side of the neck, and the face. This, at least, is the opinion of distinguished physiologists like Weber, Schneider, and Voltolini. Hartmann and others attribute the perception of exteriority to the sensibility of the tympanum alone. The cutaneous surface of this organ being struck by the sound wave gives rise to the sensation indicating its source and direction. This theory has never been contested; but the effort to perceive the direction of sound is probably better explained by the consciousness of the movements of the head and of the body in seeking for its maximum intensity. Dr. Gellé purposely omits examining the part which the concha plays as a screen in this effort, as this has already been well demonstrated by Küss and Duval; but he has been able to solve the remaining problems on this subject through observations on two patients in M. Charcot's wards. The first was a man, affected with general anæsthesia of the skin, with trembling and want of equilibrium, but whose intellect, as well as his sight and hearing, remained intact. Anæsthesia was so complete on both sides that a piece of ice placed in the hollow of the ear produced no sensation whatever; the organ remained likewise insensible to ether spray, and to the infliction of deep wounds with the point of a needle. Both tympana were touched with a needle, the effect being observed through a mirror and speculum. It was found that the membrane might be touched and pricked without the patient's having the least sensation either of pain or of contact. The patient's hearing was good, and he replied perfectly well to questions, whether he was spoken to from before or from behind. Placing himself behind the patient, M. Gellé directed him to close his eyes, and then held a watch within a few inches of his right, and

then of his left ear. The tick was distinctly heard by the patient, but when asked on which side, he was unable to say with his eyes closed. The experiment was repeated, always with the same result. Hence, M. Gellé concludes that the sensibility of the tympanum plays an important part in the effort to perceive the direction of sound. He pursued his inquiries upon several other patients affected with general anæsthesia, and found that in all those who could distinguish the side on which the watch was placed, the tympanum retained its sensibility. It is evident, therefore, that the tympanum is sensitive to the vibrating sound-waves, and this sensibility gives us the notion of exteriority and of the direction of the sound.

### The Treatment of Compound Depressed Fracture of the Skull.

Dr. Philip E. Muskett has published, in the *Australian Medical Gazette*, October 15, 1886, a paper on the "Claims of the Immediate Operation in Compound Depressed Fracture of the Skull." The author advocates early operative interference in such cases, and, to support his views, refers to a previous report of seven recoveries in thirteen cases under the care of the Honorary Surgical Staff at the Sydney Hospital during a period of fourteen months, and gives in this paper an analysis of twelve more successful cases of compound depressed fracture of the skull treated by operation. With regard to the indications and objects of such treatment, Dr. Muskett seems to hold views similar to those that have lately been expressed by Dr. Wagner, of Königshutte, who is of opinion that the trephine should be used not so much for relieving or preventing compression as for guarding the patient against septic inflammation. Dr. Muskett gives the following as the after-results to be feared in cases of compound fracture of the skull, if the depressed fragments are not elevated or removed, and perfect drainage insured:

1. Septic meningitis setting in on the second or third day after the injury.
2. A spreading encephalitis, perhaps running on to suppuration, with extensive destruction of the cerebral tissue.
3. If the dangers of acute inflammation have passed off, death may result from softening around the injured part.
4. Subacute encephalitis, which may follow even at a remote period.
5. The irritation of the splinters from the inner table may eventually cause chronic meningitis, terminating in suppuration.

6. The same condition may induce traumatic epilepsy.

In supporting the practice of early surgical interference without waiting till symptoms of compression declare themselves, Dr. Muskett suggests that, if such were not the rule, the time for operation would pass by in too many cases; for it cannot be too strongly insisted upon that the removal of depressed fragments is essentially a procedure for preventing the development of inflammation in the membranes of the brain. In answer to the objection of trephining being a grave operation, Dr. Muskett holds that the application of the trephine, or, what is more preferable, of Hey's saw, is not dangerous in comparison with the risk incurred of leaving osseous splinters imbedded in the dura mater; and, in proof of the encouraging results of such operative intervention, refers to the records of cases that have been treated by himself and his colleagues at the Sydney Hospital.

#### Reproduction of the Syphilitic Virus.

Professor Neumann made at the last meeting of the Imperial Society of Physicians of Vienna an interesting communication, which is a very important contribution to the doctrine of syphilis. In a paper which he read on the Different Centres of Reproduction of the Syphilitic Virus, he first discussed the opinions of Virchow and Baerensprung as to the anatomical changes which were to be found in parts of the skin and mucous membrane of individuals who had been affected with syphilis. The speaker then communicated the results of his own researches, and said that, after all clinical symptoms of the syphilitic affection had disappeared, he nevertheless met with numerous exudation-cells of a round and spindle-shaped form in the skin and mucous membrane. These cells, which were very infectious in the recent stage of syphilis, augmented and proliferated very quickly. In the recent stage they could infect healthy individuals if these were deprived of the epidermis. As to the tertiary stage of syphilis, the exudation-cells grew and augmented much more slowly, were less infectious, irritated the neighboring tissue to inflammation in a less degree, and did not spread on other localities when proliferating and augmenting. In a later stage they inclined towards the formation of connective tissue and hypertrophy, and at last underwent a caseous and destructive process. Hence these exudation-cells were always present in the skin and mucous membrane during the latent state of syphilis, and con-

tinually formed a source of danger for the health of the individual. The patients in whom the clinical symptoms of syphilis had already disappeared were, therefore, by no means to be looked upon as cured. Anti-syphilitic treatment should be continued; but as the ordinary remedies like mercury, iodide, and their preparations, when continued for a long time, seriously affect nutrition, the therapeutical task became very difficult. The speaker illustrated his opinion by some cases which had come under his notice. Among other specimens, Professor Neumann examined the tissue of the cutis of that part of the perineum on which swellings and moist papules were so often observed, taken from individuals who had suffered from syphilis a year before. Though this part did not show any abnormal change externally, he found considerable changes in the microscopical examination. The tissue of the cutis was infiltrated with round cells, the vessels dilated, their endothelial cells as well as their nuclei enlarged; in the adventitia and the perivascular tissues there was a great number of granulation-cells; moreover, there were numerous transverse sections of lymphatic vessels. Another interesting case reported by Professor Neumann was that of a person who had been affected two years ago with a maculous syphilide, psoriasis, and papules on the lips, and who had been treated at the speaker's *clinique*. Microscopic examination of the mucous membrane of the lower lip of the individual in question, though outwardly normal, showed, in the subpapillary layer, crowded vegetations of round cells and enlarged papillae.

#### Loss of the Knee-Phenomenon in Diabetes.

Professor Bouchard recently drew attention to the loss of the knee-phenomena, as an important element in the diagnosis of diabetes. In a recent article in the *Revue de Médecine*, MM. Marie and Guinon gave the results of fresh observations, which confirm the importance of this symptom. They also point out how it may, in certain cases, lead to error. Among the diseases in which the loss of reflex movement is most frequently met with is tabes. If a patient presents the following symptoms—abolition of reflex movement, lightning pains, slight staggering when the eyes are closed, gradual loss of sight, difficulty in micturition, diminution of sexual power—the evidence points to the existence of tabes. If, however, there be sugar in the urine, all these symptoms may safely



be attributed to diabetes. It is to such cases that the term pseudo-tabes in diabetes has been given. MM. Marie and Guinon having for a long time sought in vain to find sugar in the urine of patients suffering from locomotor ataxy in M. Charcot's ward, conclude that the phenomenon is sufficiently rare in tabes to warrant the diagnosis of diabetes in all cases where sugar in the urine is found in connection with the above symptoms. It may be remarked that the degree to which the movement is abolished fluctuates with the severity of the disease itself. Aggravation of the malady is followed by loss of the movement, whereas improvement, whether from treatment or otherwise, causes it to reappear. The disappearance of the phenomenon does not indicate a special form of diabetes, and cannot be made the basis for a nervous theory of this disease. It simply shows that the affection has entered on a new phase, being no longer a balance between the incomings and outgoings of the system; the patient is subject to all the terrible complications of diabetes, which are the most frequent causes of death in diseases of this kind. As regards the prognostic value of the symptom which M. Bouchard has indicated, nothing can be more convincing than the following carefully collected statistics: Out of a first series of 66 patients, 47 retained the power of reflex movement, while 19 had lost it. Of these 47 cases, 2, or 4.25 per cent., were fatal. Of the 19 who had lost the power, 6, or 30.3 per cent., were fatal. In another series of 111 patients, 70 possessed the power of reflex movement, and 41 have lost it; of the 70 cases, 5, or 7.14 per cent., proved fatal, while of the 41 cases in which the power had disappeared, 7, or 14.63 per cent., were fatal. That is to say, the mortality in the cases in which the power of reflex movement had disappeared was more than double that in the others.

#### A Successful Treatment of Acne.

Dr. John T. Metcalf thus writes in the *Boston M. and S. Jour.*:

Judging from my own experience, I do not think the ease with which acne, whether of the sebaceous, pustular, or papulous form, is curable by external means, is generally very gratifying to patient and practitioner. For the last seven years I have not failed in a single instance to cure the ten or twelve cases which have come under my observation.

Some have been of long standing and of great severity. The last very bad one was

facial, and so disfigured the doctor to whom the face belonged, that he only went into society with the greatest reluctance. When I told him that I felt sure he could be greatly benefited, and that I thought he could be cured, he said he had given up all hope of amendment, and had made up his mind to practice philosophy in accepting the inevitable.

I met my confrère a week ago, and actually failed to recognize him at first, so entirely was his face free from the disfiguring acne.

I was led to employ chrysophanic acid in these cases, by reason of learning what it had effected when used as an ointment in treating chronic psoriasis. My habit is to begin with an ointment made of three grains of the acid to an ounce of vaseline. The face is well washed with soap and dried, at night. Before going to bed, the parts in which acne exists are well rubbed with the ointment, and this is repeated every night, until a sharp dermatitis with scarlet skin is produced. Inunction then ceases, until disappearance of the artificial inflammation of the skin, when a repetition of the ointment is made, under conditions above stated.

#### Is Tetanus Contagious?

At the Société de Chirurgie, an interesting paper, as we learn from the *Lancet*, followed by discussion, was read by M. Larger, which seemed to show clearly that there were good grounds for believing in the contagiousness of tetanus. Four patients who had been treated in the Colmar Hospital, were seized with tetanus at different intervals, and all died. The nature and severity of the wounds varied in each case from an amputation to a simple incised wound. The only thing common to them all was that the cases had all occupied contiguous beds. Tetanus is rare at Colmar. None of the patients had had anything to do with horses. A veterinary surgeon, M. Cagnat, had practiced castration on horses for twenty-five years without a single case of tetanus. At the end of 1884, he removed with an écraseur a tumor of the testicle in a horse; the animal died of tetanus. Operations for castration practiced with the same écraseur on five horses afterwards, were followed by tetanus and death in all the animals. The écraseur was then submitted to disinfection by being heated to a high temperature. The instrument was afterwards used for fresh castrations, and without tetanus resulting in any of the animals operated on.



**Soft Chancre in the Middle Ear.**

Dr. Guranowski, a Polish physician, relates (*Vratch*, No. 28, 1886,) the case of a woman with phagedenic chancre of the genitals, who, when snuffing tobacco, transmitted the virus to the nasal mucous membrane. Several small ulcers, with profuse offensive discharge, appeared on the nasal septum and inferior turbinated bones. In the course of time the chancrous matter penetrated from the nasal cavity through the Eustachian tube into the middle ear, and gave rise to acute purulent inflammation of the part, with pain, deafness, and subsequent perforation of the tympanic membrane. Profuse otorrhœa followed, and the external auditory meatus became also ulcerated. The patient was treated by introducing iodoform powder into the meatus and nasal cavity, and by irrigation with warm water through a catheter introduced into the Eustachian tube. In four weeks hearing was restored, and the patient improved generally. Dr. Guranowski especially draws attention to the irrigation of the middle ear, which procedure gave in his hands excellent results, even in such cases where trepanation of the mastoid process seemed to be the only means for saving the patient's life.

**REVIEWS AND BOOK NOTICES.****NOTES ON CURRENT MEDICAL LITERATURE.**

—The *Southwestern Medical Gazette*, Vol. I, No. 1 (January, 1887), is on our table. It is a monthly, \$1.00 a year, and has for editors Drs. M. F. Coomes and J. B. Marvin. It is published at Louisville, Ky.

—In a recent reprint, Dr. Orpheus Everts sets forth several common errors in relation to insanity.

—In a report on rhinology, especially the treatment of naso-pharyngeal catarrh, Dr. J. A. Stucky states as follows the three indications, or objects, of the local treatment of diseases of the nasal and pharyngeal cavities:

First, non-irritation.

Second, thorough cleansing of the diseased surface, with sufficient force to remove the morbid secretion.

Third, medication and protection of diseased tissue, without irritation of healthy tissue.

—Two short essays by Dr. Ephraim

Cutter appear in one volume, issued by W. A. Kellogg, 9 West 29th St., New York city. The first essay is entitled "The Therapeutic Drinking of Hot Water, its Origin and Use." The second is called "Origin of the Salisbury Plans of Diet in Chronic Diseases, with directions for preparing Beef Pulp." They are instructive to those who would look up these therapeutic devices.

**BOOK NOTICES.**

**Diseases of Women; a Hand-Book for Physicians and Students.** By Dr. F. Winckel, etc. Authorized Translation by J. H. Williamson, M. D., with an Introduction by Theophilus Parvin, M. D. Cloth, 8vo., pp. 674. Price, \$3.00. Philadelphia. P. Blakiston, Son & Co., 1887.

The name of Winckel is one long familiar to the students of current gynecological literature, and the works of this celebrated teacher have always been popular in Germany. His teaching is practical and his style is direct. Dr. Parvin's suggestion, therefore, that his volume on the diseases of women be presented in an English rendering to the American public, was a good one.

The author's arrangement of his topic is the anatomical one. He begins with the anomalies and diseases of the vulva, proceeding next to those of the vagina, and following with those of the uterus, the fallopian tubes, the ovaries, the pelvic ligaments, and the breasts. In the discussion of them all, he manifests a wide clinical observation, with a markedly conservative tendency. This latter seems to please Dr. Parvin especially, and he takes occasion to emphasize it in his introduction—quite too decidedly, a great many gynecologists will think.

The translation is easy and flowing, and the text is very clearly printed and embellished with a large number of illustrations.

**Transactions of the Academy of Medicine in Ireland.** Vol. IV. Edited by William Thomson, F. R. C. S. 1 Vol., cloth, 8vo., pp. 463. Dublin, Fannin & Co., 1886.

The volumes issued by the Irish Academy present a valuable series of original papers, carefully prepared and handsomely printed. The contributions are arranged under sections representing medicine, surgery, obstetrics, pathology, state medicine, anatomy, and physiology. Each contains papers well worthy the study of those interested in the progress of these branches.

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## THE PROGRESS OF THE CHOLERA.

We cannot but look with anxiety as spring approaches on the advances of the cholera. It has already secured a foothold on this continent in its southern member, and according to recent advices has crossed the chain of the Andes to appear in the fertile western watershed of Chili, from whose chief seaport, Valparaiso, it may easily be conveyed all along the shore of South America. The active commerce which is in operation conveying the products of the fields and mines of Chili to other shores is a favorable means of spreading the epidemic.

On the east coast Uruguay and the Argentine Republic are affected, the disease having commenced at the important ports of Montevideo and Buenos Ayres. Inland there has been a somewhat wide diffusion into the centre of the Argentine Republic and also as far north as Paraguay. At Montevideo the increase which is taking place is considerable. On the western coast of the continent the disease appears so far to be limited to Santiago. The first spread of cholera to South America is believed to have taken place in connection with a very considerable emigration of Italians to the district of the River Platte; but it is not easy to determine which locality became first affected. The attitude of the several governments concerned is thoroughly characteristic of nations wedded to the quarantine system. Each one begins by denying or minimizing the news as to cholera, and then when all are alike infected they set up a rigid system of quarantine between themselves.

In Europe we do not hear of any cases in France or Italy. During February, however, there was a limited outbreak in northern Bosnia in various villages along the river Save. In fact, there are sufficient threatenings to incite the health officers of our cities to a careful supervision of the sanitary condition of our centers of population.

## TRADE JOURNALS, DISGUISED AND UNDISGUISED.

A new, cheap, and effective plan of advertising has lately been discovered, and liberally applied to and upon the medical profession. It is a most admirable plan for the advertiser, because the public to which he addresses himself is quietly hoodwinked into paying for the advertisement!

The simple method to which we refer is for a firm which manufactures some medicinal or dietetic preparation, suddenly to discover a "long-felt want" of the profession

for a new journal, and forthwith to supply the want by establishing a periodical.

The peculiarities of such periodicals is that in the most innocent and casual manner they are always introducing some complimentary allusion to the articles manufactured by the firm which puts up the cash; and never by any chance is anything admitted criticising those articles, or in praise of a competitor.

These journals are usually put at a low price, fifty cents or a dollar a year, and always contain a certain amount of really excellent matter borrowed from other journals or bought by the proprietors. This portion is the make-weight for the concealed advertising, which is liberally and artfully scattered through the pages.

There are dozens of such journals in the United States, for which physicians pay the cost, and which in truth are nothing more than advertising sheets, and their claims to an independent scientific position are preposterous and absurd. One is before us now, which on the title-page professes to be "devoted to investigations into the pathology and physiology of digestion, and the relations of regimen to practical medicine." In reality it is devoted to the advertising of somebody's malt extract, and anybody who sends in a contribution reflecting on that extract would soon learn how much or how little such investigations are accepted in the spirit of science.

All such publications sail under the banner of false pretense; they are dishonest in spirit, and if rightly understood reflect discredit on the house which supports them. Open advocacy is one thing; disguised advertising under the simulation of scientific investigation is another and much less creditable thing. We warn readers against this commercial trick.

#### PRACTICAL ITEMS.

Dr. Woltering, who is looked upon in Germany as an eminently practical physician, and whose advice has always been found to be based on truthful and correct observations, communicates at times to the medical journals the result of his experience. In the *Allg. Med. Centr. Zeit.*, December 25, 1886, he reports the following:

He found the hæmostatic action of *hydrastis canadensis* very prompt in cases of uterine fibro-myoma. In three cases of his, retro-formation and cessation of all bleeding followed the administration of this remedy. On account of its disagreeable taste

he prefers to give the drug in the form of pills.

R. Ext. hydrast. canadens. sicc., ʒiiss.  
Ext. secal. cornuti,  
Ferri reduoti,      ãã      gr. xlv.  
M. Ft. pil. No. cxx.

Sig.—Every three or four hours from two to five pills, according to the urgency and severity of the hemorrhage. The dry extract (ʒiiss) is prepared from five drachms fluid extract.

In the hemorrhagic form of endometritis this remedy also proved of great service, while in gastric and pulmonary bleedings—in hæmatemesis and in hæmoptysis—a tablespoonful of ol. terebinthinæ had a more rapid and prompt effect.

W. administers butylchloral in neuralgia of the fifth nerve. One drachm of the remedy is made into forty pills, and two of these are given every hour until the pain has ceased. In cases where this treatment had no effect, the following usually brought about the desired result:

R. Sod. salicyl.,      ʒiiss.  
Paste guaran.,      gr. lxxv.  
M. S.—Half a teaspoonful in coffee every three hours.

This combination can be specially recommended when the neuralgia occurs in persons with a rheumatic tendency.

In most cases from one-sixth to a half grain of morphia—the latter dose only when previous observations in the same individual have demonstrated its safety—hypodermically administered somewhere over the chest, must still be considered the most efficacious remedy in cases of nervous asthma, not as a cure, but for the purpose of giving prompt relief of the dyspnoea. Of late, W. has found that the subcutaneous injection of a little less than one grain (0.05) of cocaine in some cases of nervous asthma is as reliable and effective as the morphia.

#### THE KNEE PHENOMENON IN LOCOMOTOR ATAXIA.

During the last few years physicians have been in the habit of considering the absence of the patella-reflex as an important diagnostic sign in sclerosis of the posterior columns of the spinal cord, so that when the group of symptoms present admitted a doubt regarding the correctness of the diagnosis of tabes, the absence of the knee-phenomenon generally decided the question in favor of the latter disease.

L. Hirt (*Berl. Klin. Woch.*, 1886, No. 10.) reports three cases of locomotor ataxia, where the patella-reflex was present in undiminished vigor, and one other case where the



same symptom was preserved on one side, while on the other it had disappeared for a year and a half. In the first case, where an autopsy was made, the posterior columns showed the characteristic appearance of sclerosis, macroscopically as well as microscopically. H. believes, in explanation of the peculiarities reported, that the anatomical seat of the patella-reflex, *i. e.*, that part of the cord where this symptom originates, may easily escape the otherwise general sclerotic process of the posterior columns of the cord, just as in some persons there is an absence of all shooting pains, because the posterior roots of spinal nerves are not involved in the morbid lesion, and as also demonstrated by the fact that we have paresis of the sphincter vesicæ in some, and a normal condition of the same muscle in other cases of tabes.

#### ANGINA PECTORIS.

Angina pectoris happily is a rare disease. There are various neuralgias, often closely resembling this terrible complaint, but they are not accompanied by the decided disturbances of circulation which characterize attacks of true angina pectoris. It is probably due to the rarity of the malady that there still remains some doubt concerning its etiology.

Text-books nowadays teach that whenever the symptoms of angina pectoris accompany any organic lesion, the disease is not angina pectoris. But observations accumulate more and more which prove that true angina pectoris is caused by ossification of the coronary arteries. In the *Aertzl. Int. Bl.*, 1887, No. 1, Dr. J. Wille again reports two cases of this disease, both in favor of the view that ossification of the coronary arteries is responsible for the peculiar attacks of angina pectoris. The autopsy of the first case demonstrated sclerosis of the right arteria coronaria; the second patient possessed only one coronary artery—on the left side—and this was ossified in a high degree. When in consequence of some other accidental circumstances the blood-current in the ossified artery becomes still more impeded, perhaps completely interrupted for the time being, the patient suffering from this condition has the sensation of impending death; a feeling, though, also occurring in some other maladies, which seems to be specially severe in angina. The action of nitrite of amyl would thus find its explanation; and if ossification of the coronary arteries always gives rise to the angina, we cannot be surprised at the uniform fatality of the disease.

## NOTES AND COMMENTS.

### Black Tongue.

Dr. R. Balfour Graham thus writes in the *Brit. Med. Jour.*, January 8:

In the *Journal* of October 2 there is an account of a case of the above, and I am desirous to call attention to one that came under my notice about two years ago, while I was assistant to Dr. Lyall, with whose kind permission I publish it. The patient was a rather neurotic woman, about 37 years of age, whose nervousness was, no doubt, added to by a complication of diseases, comprising caries of the dorsal vertebrae, chronic rheumatic arthritis, and chronic Bright's disease; she also had recurrent attacks of an erysipelatous nature on her face, legs, and hands. Her tongue presented over fully half the dorsum a blackness for which I can find no better simile than the appearance of the surface of a dog's nose. The tip and edges were almost free from blackness, as also most of the circumvallate papillæ at the base. To the touch the tongue was hard, but fairly moist. The patient told me that the blackness began with her other ailments, about twelve years ago, and was caused by the administration of large quantities of mercury by the doctor who attended her; that drug was also, she believed, the cause of her losing all her teeth. The latter statement was probably correct. The only remedy that seemed to give the patient any satisfaction (for she claimed to be as good a judge of her condition as any doctor) was a simple stomachic powder containing pulv. rhei five grains, sodæ bicarb. ten grains, and calomel two grains. She said that it was the only powder that ever produced a "moisture" on her skin, which was generally dry and furfuraceous, but its effect on the tongue was not observable. Lotions seemed to have no effect, and scraping simply irritated the mucous membrane. In this case, unlike that recorded by Dr. Stocker, the discoloration never altered in character, and remains unchanged to this day.

### Poisoning by Aconite and Belladonna: Treatment by Apomorphine.

On October 8, about 3 a. m., a message came to Dr. W. E. Bradley (*Brit. Med. Jour.*) that J. N., a married man, residing within forty yards of his office, had taken by mistake a dose of liniment, which consisted of equal parts of lin. aconiti and lin. bella-

donnae. His assistant and himself hastened as quickly as possible to his assistance, when they found him lying across the bed in a state of semi-consciousness. He had not vomited, and was just able with difficulty to drink a small cup of strong coffee before their arrival, but he lapsed almost immediately into a state of unconsciousness. They injected into the arm one-tenth of a grain of apomorphine, and vomiting commenced at once, and continued until his stomach seemed entirely emptied. The pulse soon commenced to beat feebly and irregularly, the extremities became cold, breathing difficult, a cold clammy sweat covered the body, the face became blanched, and the pupils greatly dilated. He had no power of swallowing, so they injected thirty minims of ether, but this had no perceptible influence on the pulse; and, in consequence, a further sixty minims were injected, which caused the heart to beat a little more powerfully. In about half an hour the pulse weakened to such an extent that it could not be felt at the wrist, and the breathing became almost imperceptible. They injected ether to the extent of 120 minims, and this, together with the interrupted current over the vagus and vigorous rubbing of the extremities, set the heart beating a little more vigorously. The beat of the heart gradually increased in strength; the extremities, in about three hours, became warm; in five to six hours the surface of the body became slightly sensitive, and he was able to swallow a small quantity of brandy and water. The patient suffered afterwards from a slight attack of inflammation of the left lung, but has now entirely recovered.

The amount of liniment taken in this case (according to the patient's own statement) was about an ounce. His recovery was owing to the fact that they were able to be with him under ten minutes after the poison had been taken, and the quick action of the apomorphine injected.

#### Glycosuria in Nervous Diseases.

In multiple sclerosis, locomotor ataxia, and in some other affections of the central nervous system, the progress of the disease may be recognized by the presence of sugar in the urine; for the moment glycosuria makes its appearance it would be the most direct evidence of the lesion having reached that part of the floor of the fourth ventricle whose irritation gives rise to the excretion of sugar by the kidneys.

Dr. Edwards (*Revue de Méd.*, 1887, No. 2.)

reports an interesting case of that kind: I. M., aged thirty-one, was admitted into the Salpêtrière, June, 1886, with the characteristic symptoms of multiple sclerosis. Nine years previously he had suffered from right hemiplegia and aphasia. These latter symptoms soon left him, only to give way two years later to paresis of both extremities. Since that time the paresis gradually increased in severity.

During the further course of the malady some other paralyses appeared; one time the palsy attacked one arm, then again one-half of the body; then aphasia returned. The knee-phenomenon was increased. Intention-tremor and nystagmus were present. In August he was seized with acute hallucinations, which, however, passed off again.

Finally, in November, polyuria, with sugar (180 grms. sugar within twenty-four hours—about 4½ oz.), showed itself, and a short time after, the patient died. The appearance of sugar in these cases always is a bad omen, and invariably denotes a fatal case. It is a symptom present only in the last stages, especially if sugar is abundant.

#### The Rush Monument.

It would be a worthy testimonial to an eminent member of our profession to erect a monument in Washington to the distinguished Dr. Benjamin Rush, of Pennsylvania, whose active honorable life was crowned by his heroic death on the 19th of April, 1813, in the sixty-eighth year of his age, when, while trying to save other lives, he fell like a soldier on the battle-field, a victim of the prevailing epidemic of typhus.

Seventy years ago it was written of him: "Considered in relation to the entire composition of his character—as a practitioner, a teacher, a philosopher, and a writer—Dr. Rush must be acknowledged to have been the most distinguished physician America has produced;" and a later author has said: "The loss of no individual of this country, excepting Washington and Franklin, has been lamented with more universal and pathetic demonstrations of sorrow. As a physician, he has left upon the age in which he lived the impress of his character and genius; in the minds of his countrymen he holds an undisputed preëminence; and amongst foreign nations it is acknowledged that the fame of Sydenham has been rivaled by that of Rush."

The committee to whom has been intrusted the execution of this great work are happy to state that it has met with unquali-

fied approbation from every part of the country, and they accordingly announce that they are now ready to receive subscriptions and donations. Dr. Joseph M. Toner, Washington, D. C., is general treasurer, and for Pennsylvania Dr. J. H. Musser, 3705 Powelton avenue, Philadelphia.

#### The Pineal Gland.

The dispute concerning the anatomical character, at least as regards the histological elements, of the pineal gland, is not yet concluded. Of late, the view had gained ground more and more that this body was a real gland, with no connection whatever with the brain-tissue proper. Dr. L. Darkschewitsch (*Centrbl. f. d. Med. Wissensch.*, January 1, 1887,) has recently investigated the subject and come to the conclusion that the view above expressed is an erroneous one. By the use of Weigert's hæmatoxylin tincture he has succeeded in demonstrating in the gland numerous nerve-fibres, which originate from the internal capsule, the striæ medullares and Meynert's fasciculus, the tractus opticus and the posterior commissure. Especially those fibres which come from the posterior commissure, seem to be of special importance on account of their intimate connection with the deep origin of the oculomotor nerves. Thus far, however, destruction of the pineal gland has not yet produced any evidence of the important nervous relations of it. Whether D. made the mistake to look upon nerve-fibres proper of the gland—for certainly it must have these—as such establishing connection with deeper parts, we have no means of determining at present; but the subject should be further investigated. The symptoms should be mainly studied which might arise from an excision or other destruction of the gland, for if the latter contain fibres, as D. contends, the removal of the gland should be followed by more remote disturbances.

#### Prevention of Irritation of the Auditory Meatus.

In the treatment of discharge from the middle ear by insufflation of boracic acid, a good deal of trouble is sometimes caused, especially in frosty weather, by the mixture of discharge and boracic acid causing irritation of the meatus. A good deal can be done to prevent this by drying the meatus well with the cottoned probe before using the acid, so as to prevent deposit of the powder on moist spots, to which it adheres, and to allow its free passage towards the membrane. Dr.

Duncan J. Mackenzie (*Brit. Med. Jour.*) has found the following expedient very serviceable. After the powder has been blown in, a small piece of absorbent wool is rolled tightly round the end of the probe, which is then introduced into the meatus, and carried round its circumference, so as to remove all adherent particles. The probe having been withdrawn, the wool is removed, and a fresh piece applied as before; this time, however, it is dipped in eucalyptus and vaseline ointment (one of the oil to seven of vaseline is a good proportion), and the probe is again carried round the meatus. The ear is now closed in the usual way with cotton, medicated or otherwise. When the discharge is not excessive, he thinks the above treatment will be found not only to prevent irritation, but to cure it when it has occurred.

#### Scopoline.

"This new mydriatic, introduced by Pierd'houy, is," says Dr. Dunn (*Brit. Med. Jour.*), "as far as my experience of it goes, a useful drug. Since the beginning of the current year, I have employed it almost continuously among my out-patients at the West London Hospital, not for the purpose of testing its qualities as a mydriatic, but as a drug to supersede atropine in the treatment of keratitis, corneal ulcers, and iritis. I have found that in the case of troublesome corneal ulcers which had been treated respectively with both atropine and eserine without success, rapid improvement followed the instillation of scopoline. And especially was this good effect shown in cases of severe interstitial keratitis, in which atropine had been previously employed. Again, in rheumatic iritis the use of scopoline was obviously effective in reducing the pain and injection of the globe. Upon no occasion have I seen any conjunctival or other irritation set up by its use, and I have found one grain to the ounce a sufficiently strong solution for my purposes.

"I am disposed to believe that, in addition to its mydriatic power, scopoline is able to effect some control upon the vascular supply of the eye; the drug may be indeed the physiological antithesis of eserine; at present I am engaged upon an inquiry, with Dr. P. S. Abraham, into the physiology and chemistry of the drug, and we hope before long to publish the results."

#### Group and Tracheotomy.

It has generally been taught that when



membranous croup attacks a child under two years old no operation should be performed, the reason being that it is considered fatal under these circumstances. But according to the report of Dr. Greffier (*Revue des Mal. del Auf.*, 1886, p. 371,) the tender age of the infant is no longer a contraindication to tracheotomy. There are now on record a number of instances where this operation was performed in the second, and even in the first year of life, and where it resulted in a cure. G. reports the case of an eleven months' old boy, who suffered with membranous croup. Symptoms of suffocation had already commenced when the operation of crico-tracheotomy was performed. Its effect, as usual, was immediate, but also lasting; the infant made an excellent recovery, and was discharged, completely restored, the eighteenth day of its illness. The voice showed but little alteration; it had become slightly hoarse, and assumed the mild metallic sound which seems to be characteristic of all cases that have passed through a successful tracheotomy for membranous croup. If anything can prove the decided difference between the latter disease and laryngeal diphtheria, it is the result of tracheotomy, for this is always fatal when undertaken for the relief of the diphtheritic malady.

#### On Terpinol.

At a recent meeting of the Paris Academy of Pharmacy, M. Bouchardat made a very interesting communication on *terpinol*. He meant by this name the true chemical already investigated by Armstrong, Tilden, Tanret, and others. He had occasion to prepare at one time several kilogrammes of it. All the writers call it a liquid hydrate, because it has not, so far, been possible to crystallize it. But M. Bouchardat has just succeeded in doing so this winter, not by strong refrigeration, however, but by simply adding to the liquid a few crystals of caoutchine hydrate. The crystals grow with despairing slowness; but still they keep on forming, and after some time the whole becomes a mass of crystals that can be separated from the mother liquors. For the chemical in question he would propose the new name of *terpylenol*, as better adapted chemically, and also to distinguish it from the uncertain substances known by the common appellation of *terpinol*. He inclines to think *terpylenol* is very nearly related to caoutchine hydrate, if it be not identical with it. A bottle holding a pound or so of the new crystals was circulated; they are

snow-white, one or two inches long, and well shaped. The smell is pleasantly aromatic, in no way recalling turpentine.

#### New Application of Ether.

The English papers print a report concerning the alleged purchase, on a scale of unprecedented magnitude, of picric acid and sulphuric ether by the French Government. The substances in question are said to be employed in the manufacture of that mysterious explosive known as melenite, the secret of which is supposed to be in possession of the French War Office. The German daily press has recently confirmed the truth of the reported purchases so far as Germany is concerned, and one paper even named the well-known Berlin "Chemische Fabrik, vormals E. Schering," as being the principal contractor for sulphuric ether. It was added that the managers of the Berlin works, as soon as they became aware of the purpose for which the chemical was required, communicated with the German Government, in order to ascertain whether the continued sale of sulphuric ether to the French War Office was consistent with German interests.

To this communication, it is said, the reply was received that no objection whatever would be raised to the sale of the ether.

#### Large Doses of Turpentine in Croup.

In a case of membranous croup, Dr. Lewentaner, of Constantinople, administered with his own hands a teaspoonful of the pure oleum terebinthæ, giving after it some warm milk. In a quarter of an hour the labored laryngeal breathing had given way to normal respiration sounds. That night the child slept well and was quite free from the brassy cough which had previously been present. The next morning he was quite lively, and he was found playing with his toys. All trace of false membrane had disappeared from the pharynx, which merely presented a reddened surface. Convalescence was rapid and uninterrupted. The turpentine, however, caused an eruption on the face, trunk, and extremities, having much the same appearance as the rash of measles, but of a brighter red. The spots completely faded in two days, and were followed by no sign of desquamation.

#### Rotation of Knee-joint.

"On the evening of November 23 I was summoned," says Dr. W. H. Bulteel in the *Brit. Med. Jour.*, "to see J. H., a boy aged

12. He had been 'sky-larking' with some other boys, and was thrown down heavily, apparently when in the act of turning round. The right knee was semi-flexed when seen, and the leg rotated upon it, so that the anterior edge of the tibia looked forwards and outwards, and the outer surface of the fibula backwards and outwards; but the tibia was not dislocated in any other direction, forwards, backwards, or laterally. Reduction was easily effected on acute flexion of the knee, and the leg slipped into position with a creaking sound in the joint. There has been no inflammation or swelling of the joint since. The interest of this case seems to be not so much in the rotation as in its being unaccompanied by dislocation in any of the four possible directions, the previously described cases having, I believe, been almost invariably accompanied by dislocation outwards."

#### The Biniiodide of Mercury as an Emmenagogue.

Dr. C. R. Illingworth writes to the *Lancet* that he has found the red iodide of mercury is a certain and safe emmenagogue. His attention was directed to its virtues quite accidentally some three or four years ago, since which time he has used it successfully in a large number of cases. He prescribes it in the form of a mixture as follows; but he thinks it would act quite as effectually in pills of a quarter of a grain twice a day, or an eighth four times a day:

R. Sol. hydrarg. bichlor,	3j.
Potass. iodid.,	3ss.
Ferri ammon. citrat.,	3j.
Ether. chlorici,	3ij.
Aquam,	ad 5 viij.

Sig.—One tablespoonful three times a day after meals.

#### Salicylic Eruption.

Burning sensations in the skin, cedema of eyelids, and patches of bluish-red erythema, were noticed by S. Rosenberg to follow the administration of four grammes of salicylate to a sempstress. A bullous eruption appeared on the site of the erythema as the result of continued use of the drug. Three days after the discontinuance of the drug the vesicles dried up. A fresh experimental observation was made, with a similar result. The urine gave a distinct ferric chloride reaction. The inunction of salicyl ointment was followed by burning and red patches on the skin, with blueness of face, and the urine showed the salicyl reaction.

#### Cocaine as a Poison.

Dr. J. S. Mattison, of Brooklyn, read a paper on "Cocaine Dosage and Cocaine Addiction," before the Kings County Medical Society, February 15, and at its close, a motion made by Dr. Alex. J. C. Skene was unanimously adopted, appointing a committee consisting of the President and Secretary, Drs. Wallace and De Lavergne, and Dr. Mattison, to draft a bill for presentation to the legislature, placing cocaine on the list of poisonous drugs, and to be sold only on physician's prescription.

#### Treatment of Tuberculosis.

Professor Potain prescribes the following mixture for tuberculous patients:

R. Chloride of sodium,	10 grammes.
Bromide of sodium,	5 grammes.
Iodide of potassium,	1 gramme.
Distilled water,	100 grammes.

Sig.—Ingredients to be dissolved, and administered in doses of one teaspoonful in a cup of milk every morning.

### NEWS AND MISCELLANY.

#### Singular Example of Arrest of Development.

A correspondent sends the following notes of a case which came under his notice to the *Brit. Med. Jour.*:

When a student in connection with a maternity hospital in Scotland recently, he was called to attend an out-door midwifery case. The patient was a multipara, and after a short first stage, extending about fifty minutes or an hour, a very powerful uterine contraction brought the child into the world, and this was followed, almost without a pause, by the expulsion of the placenta. The mother believed herself to have reached full time, and the size and weight of the infant were only to a very slight extent less than those of an average child born at full time. The limbs were perfectly developed, and the head and face were normal, except that the right side was possibly a little larger than the left. The thorax and abdomen, however, presented a rather singular appearance. The sternum was totally absent, and the ribs, whilst quite normal behind, only came forward to what should have been the vertical line of the nipple. The integuments of the thorax also stopped short at that line, so that the thoracic cavity was quite open in front. The lungs were collapsed, and occupied the back part of the chest. The heart was in the usual fetal position, and beating vigorously, and

its action could be thoroughly observed. The diaphragm was incomplete in front in the neighborhood of the middle line. The abdomen was still more patent than the thorax, its integuments coming forward only to the anterior-superior spinous process of the ilium below, and the end of the false ribs above. The chief abdominal viscera were well developed, with the exception of the bladder and the pelvic portions of the sexual apparatus, which were either entirely absent, or so small as to escape detection. The liver was of large size, and its "ligaments" so much lengthened, that it rested between the thighs of the child. The anus was absent, and no traces of external genito-urinary organs were to be seen. The body, with the placenta attached, was laid close to the fire, and for the long period of sixty-five minutes, without any other visible sign of life, the heart continued to pulsate, growing slower and more feeble until at length it stopped. It is much to be regretted that it was found impossible to obtain the body for examination.

#### Great Men's Dishes.

The *Pall Mall Gazette* says:

"The meals of Charlemagne consisted never of more than four courses, and his favorite dishes were eggs and roast meat, particularly venison, which was served on long spits by his foresters. Luther preferred Torgau beer and hock to all other beverages. As a young man, Melancthon was very fond of barley soup, and he would often exchange a diet of meat for a bowl of barley soup. Small fish, vegetables, and all kinds of farinaceous food he liked, but large fish and meat he disliked, and he hated all public meals and drinking bouts.

"Torquato Tasso was very fond of preserved fruits and all kinds of fancy sweets. Henry IV. was often ill from eating too many oysters or melons. His favorite drink was Vin d'Arbois. Peter the Great liked nothing better than Limburger cheese. Charles XII., King of Sweden, preferred a piece of bread and butter to anything else. Voltaire, like Frederick the Great and Napoleon I., was very fond of coffee. His favorite food was oat cakes, but he preferred oranges to any other kind of fruit.

"The Dutch lady scholar, A. M. Schurmann, ate spiders as a delicacy. Lessing preferred lentils, and Klopstock, who was a real gourmand, fed on salmon, mushrooms, pastry, and smoked meat. Of vegetables he liked peas best and grapes as dessert, to-

gether with a bottle of good claret or hock. Kant retained till old age a preference for pork, all kinds of pulse, and stewed fruit. He devoted three hours a day to his dinner. Schiller was in his youthful days very fond of ham. An old note-book belonging to a Stuttgart restaurant, contains some items about 'Meals for Dr. Schiller in 1782,' from which it appears that, besides a bottle of wine, ham was every day among the dishes on Schiller's table.

"Matthison confessed a preference for peas, beans, and pork; Lord Byron for Chester cheese, with ale or porter; Pope was 'greatly interested' in venison; Jonathan Swift in turbot, and Sir Walter Scott in roast goose."

#### Suicide by Dynamite.

Some people are dissatisfied with the methods of suicide consecrated by immemorial usage (says the *Medical Press*), and prefer to make use of agents which modern science has placed at their disposal. Dr. Zalaski has recently published two somewhat curious cases of this description. In one, a man, on being arrested for poaching on fish preserves by means of dynamite cartridges, attempted to commit suicide with one of them. He placed it under his chin, but the effect of dynamite explosions being more marked downwards than upwards, the only result was to blow off his right hand, damage the left hand, and mutilate his face. Number two was more successful. He lay down on the ground, placing the cartridge on his chest. After five unsuccessful attempts to light a match, the sixth took fire and exploded the cartridge. The thorax and abdomen were completely emptied of their contents, and the corresponding parts of the vertebral column and ribs were also missing. The other parts of the body were not injured.

#### A Prescription Number.

The *Shamokin Times* says:

"I was sitting in a drug store one day," said another of the party, "when a gentleman with a very red face and white hair came in, and, taking a little slip of paper from his pocket, said to the prescription clerk: 'George, I wish you would take your files and look back about twenty years and tell what physician signed these numbers.' The files were produced, bound in volumes of 500 prescriptions each, and a list of some dozen or more numbers read off by the anxious inquirer revealed that they were signed



by Dr. D. D. C., who had committed suicide some ten years previous. In a day or two I left the city and was gone for upwards of a year. On my return, happening in at the same drug store, who should come in but the man with the red face and white hair. He took a tremendous drink of Jamaica ginger and departed. Then remembering the queer errand of a year ago, I asked the clerk: "George, what did General Kellogg want with those old prescription numbers when I was here a year ago?" "Well, you see, the old fool had been drinking very heavy, and he got it into his head that old Dr. C——n was making nightly pilgrimages from the cemetery and sitting down at his bedside and talking with him. He claims the doctor gave him those prescription numbers to prove that he really was there. It's a little singular how he got hold of those old numbers, but I guess he was on the verge of the tremens. It had one good and one bad effect. He stopped drinking, and turned spiritualist."

#### Bells Strangely Ring Before a Death.

A remarkable coincidence happened recently in Washington at the death of Miss A. R. Duffy, a daughter of Captain O. E. Duffy, the patent attorney. Miss Duffy had lain in a dying condition for several hours, being surrounded by the members of her immediate family. She was conscious to the last and talked calmly with those about her until a moment or two before the end. The nearest watcher had scarcely made the announcement that she was dead when a servant from below entered the room in answer to the summons of the call-bell. No one had rung, and the peculiarity of the circumstance was in the fact that all of the six bells placed in the dining-room and communicating with the different rooms of the house had rung violently at the instant when the death took place. The bells, with one exception, had not rung since Mr. Duffy moved to his present home, the wires connecting them being broken. The affair created a feeling of awe over the household, as no explanation of the mystery has been made.

#### Congressmen Who Take Electric Shocks.

It is quite "the fad" nowadays for the members to take electricity. An electric apparatus has been fixed up in the engine-room in the basement and daily the members avail themselves of the opportunity to get freshened up. A board, with a tooth-piece of copper, is placed beneath the great belt

of the large engine-wheel, and the electricity thus generated is carried off by a wire attached to the board, which is long enough to be grasped by one who sits in a chair near by. The circuit is completed by the person holding the wire grasping a small brass chain attached to the railing around the engine's wheel. The system is thus filled quietly with electricity. The members say it is splendid after they have been out to receptions and suppers all night, or after they have exhausted their brain power by speech-making or listening. A great many members take electricity, and some go to the basement of the Capitol for it every day during the session.

#### Poisoned by Pills.

A 11-year-old bright little lad, residing in this city, died recently from the effects of strychnine pellets he had eaten the preceding evening, thinking all the time he was swallowing candy. It was at first thought that the little fellow had purposely taken his own life, but an investigation proved that it was all a mistake. He was sent by his mother to purchase some drugs. A new invoice of drugs had been received, and a package containing about one hundred strychnine pellets, one-thirtieth of a grain each, lay upon a rear counter. They were sugar-coated, and while the druggist's back was turned the boy appropriated a couple of the pills to his own use, and found them to be good. He accordingly confiscated the entire package. The lad was found dead at an early hour in the morning, and all that remained to tell the story was the empty package, labeled "Poison." Whether he swallowed all of the five-score of pills is a mystery.

#### Liebig's Extract.

Some time since, an action was brought in Brussels against English dealers in extract of meat, to prevent them from using the title of "Baron Liebig's Extract," or from placing a photograph of the late Baron Justus von Liebig on their jars, or in any way using the name or title of Baron Liebig. The action was brought by the Liebig's Extract of Meat Company, and was successful. The English dealers thereupon took the case into the Court of Appeal. Judgment was given recently, confirming the decision of the Tribunal of Commerce, and condemning the English dealers, who were defendants in the action, to pay damages, and also restraining them from making any further use of Liebig

or Baron Liebig, or of the photograph, this right being declared to be the exclusive property of the Liebig's Extract of Meat Company.

#### A Switchman's Agonizing Plight.

William Burns, a switchman, at the Eighty-first street yards, Chicago, met with a most terrible and in all probability fatal accident. Recently, while engaged in making up a freight train, his foot was caught in a frog. A freight train was approaching, and Burns, shouting for help, made terrible exertions to extricate himself from his perilous position. At every movement, however, his foot became more firmly wedged, and just before the train reached him, in despair he flung himself backward, breaking his leg at the ankle. As the train rolled by, both his legs were cut off below the knee. He was taken on board the caboose by the trainmen, and, in an unconscious condition, was removed to St. Luke's Hospital, where it was decided to amputate what remained of his limbs below the knees.

#### Hurt on a Toboggan Slide.

A young girl met with a serious accident at the toboggan slide in Chicago recently. She started to ride down and insisted on guiding the toboggan, claiming to fully understand the art of steering. The sled became unmanageable and went over the side of the chute, carrying its passenger in its fall of thirty feet to the ground. In her descent the girl struck an electric light wire, which tore a frightful gash across her face. A physician took thirty-one stitches in sewing up the wound. Besides this, the unfortunate girl's right arm was fractured in three places, and the flesh was torn from her left arm, exposing the bone. The girl was removed to the County Hospital, where she is at present in a critical condition.

#### A Valuable Emetic.

A newspaper seller in London fell into a pond, and it was found that he was drunk. An emetic was administered, which had the effect of causing him to vomit four shillings, a sixpence, and a half-penny. He said that he had sold out his stock of newspapers, and had got drunk. He missed his money, and could not understand what had become of it. He therefore threw himself into the water, and now appeared greatly surprised at the singular recovery of his money. He was ordered to find two sureties to be of good behavior for one month.

#### Therapeutic Notes.

—At the American Institute Fair, New York, last month, the Jerome Kidder Manufacturing Company was awarded a medal of superiority for their electro-medical apparatus.

—Horsford's Acid Phosphate has been tried with gratifying success in London in the treatment of various skin diseases arising from disorders of the digestive tract. It is a valuable preparation, as we can report from personal observation of its effects.

—The "Crystal Pepsin," manufactured by Dr. Carl L. Jensen, continues to find great favor with the profession. We have seen several letters recently, speaking of its effects in the highest terms.

#### Deaths of Eminent Medical Men Abroad.

The deaths of the following eminent continental medical men have recently been announced:

Dr. Fedele Margary, chief surgeon of the Hospital of San Giovanni Battista in Turin, and editor of the *Archivo di Ortopedia*. Professor Dr. Halla, the well-known clinical teacher of Prague, in his seventy-fourth year; he had been editor of the *Prager Vierteljahrsschrift* since the year 1843. Dr. J. Kalt, one of the most esteemed members of the profession in Bonn; he was a "Sanitätsrath." M. le Dr. Charles Sarazin, formerly agrégé of the old French Faculty of Medicine of Strasbourg.

#### Rabies in Cairo.

We hear from Cairo that there is an epidemic of rabies and hydrophobia there; a good many people have been bitten by rabid dogs, and have died of hydrophobia. Others have been sent to M. Pasteur for treatment. M. Piot, veterinary surgeon in Cairo, is preparing to treat patients by Pasteur's method. It is stated that the introduction of the malady is traced to a terrier hound belonging to a European officer at the Abassieh barracks, which has bitten several native dogs. Some five or six thousand native dogs have been destroyed, but it is believed that many rabid dogs still remain.

#### Small-Pox in Jamaica.

The small-pox epidemic in Jamaica shows no signs of abatement. Between November 4th and 21st, 1886, 336 cases, of which 37 were fatal, occurred on the island; and of these, 197 cases (35 fatal) were in the town of Kingston. Between November 21st and

December 4th, 541 further cases occurred, of which 49 were fatal. Of these, 152 cases and 17 deaths were in Kingston. Altogether, since the commencement of the epidemic on March 12th last, there have been 2,758 cases and 342 deaths on the island; and out of these, 1,439 cases and 242 deaths have been in Kingston.

#### Adulteration of Food in Spain.

The Spanish Ministry of the Interior has issued a circular to the governors of the different provinces, calling their attention to the importance of food being sold in a pure and wholesome condition, and directing them to see that the various municipal authorities enforce the laws against all persons of whatever position they may be, who adulterate food, and that their names and the nature of their offences are published in the *Boletín Oficial*.

#### A Fact in French Country Practice.

A French doctor being asked by a man one day to go a distance to see his sick child, replied that it was too far to walk, and that he had no carriage. "Oh," said the man, "that doesn't matter; I am a livery stable keeper, and will drive you." Some time afterwards the doctor's bill was asked for. It was five francs. The livery stable keeper then presented his bill for the hire of the carriage. It was six francs.

#### Where Tallow is Appreciated.

The *Savannah News* says:

When a young man in the Aleutian Islands goes to see his sweetheart in the evening, the parents of the girl thoughtfully retire to another compartment of the ice-house, leaving a burning candle with the lovers. Do they let the candle burn? Not much; they promptly blow it out and eat it between them.

#### A Grateful Patient.

M. Ramon Fernandez, the Mexican Minister in Paris, has informed the Prefect of the Seine that a native of Zacatecas, a State of Mexico, has bequeathed £1060 to a Paris hospital where he was nursed in 1841.

#### Deaths of Centenarians.

The deaths are reported of a widow in Wetzlau, aged 108, and of the well-known sheikh of the howling dervishes in Constantinople, Alif Baba, aged 110.

#### Stabbed to Death by his Valet.

Dr. Pebal, professor of chemistry at the Gratz University, was stabbed to death recently by a valet whom he dismissed from his service. The murderer committed suicide by taking poison.

#### Personals.

—The will of Dr. Edmund C. Rogers, brother of Randolph Rogers, the sculptor, who died at Quincy, Mich., February 19, after leaving a number of bequests to his family and relatives, decrees that the residue of the estate shall be sold and distributed among any six women having families, whose husbands are drunkards.

—Dr. Charles B. Penrose has been appointed a member of the staff of the Orthopædic Hospital.

—Dr. E. Shakespeare has gone to Washington to finish his report on the cholera in Europe.

#### Items.

—Permanganate of cocaine is announced by M. E. Gesel.

—A journal of hygiene and climatology, called the *Midi Médical*, has been founded at Nice, under the direction of Dr. Onimus.

—Over 5,000 gallons of wine, containing 4½ grains of salicylic acid to the pint, were recently seized by the New York Board of Health.

—The remains of a Baltimore editor were sold for \$10 to a medical college. A live dog is worth more than a dead "lion" in the Monumental City, as well as elsewhere.

—A member of the Nineteenth Century Club, of New York city, believes that the consumption of candy is very injurious to children. The speaker advocates the formation of a candy temperance society.

—A company has been formed in Boston to manufacture "sugarin" from starch. They claim that this substance is sweeter than sugar, and that starch yields ninety-nine per cent. of it when treated according to their secret process.

—The Red Cross Society of Vienna has issued an appeal to all well-to-do persons, requesting them to let the Society know whether, in the event of war, they would be willing to take charge of wounded soldiers. Replies are in each case to specify how many soldiers could be received and cared for gratuitously.